

*Diving Deeper into the World of the Survivor Sibling: A Study of Children's Grief Literature*

**An Honors Thesis (NUR 370)**

**by**

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### Abstract

When a child dies, often times, the most neglected victim is the surviving sibling (s). Their grief is often overshadowed by the parental caregiver's needs and ideologies of the grieving process, leaving them in a state of dysfunctional grieving. The child's grief process should be therapeutically managed and appropriate resources should be obtained in order to prevent negative outcomes and life-long complications from unresolved grief. Therapeutic interventions administered by the registered nurse should be tailored to the individual child's needs while considering their cognitive and developmental levels. A common form of therapeutic intervention is bibliotherapy or the use of books to help the child identify with the feelings they are experiencing. An identified deficiency in appropriate literature for both grieving families and the grieving child has initiated a rise in concern. The current literature must be evaluated and analyzed to determine how it meets the developmental needs of the targeted child reader and any areas that require improvement. This report scores and evaluates selected pieces of children literature to provide a fundamental understanding of literary needs for the grieving child, particularly the surviving sibling.

**Keywords:** grief, surviving sibling, children's literature, death of a sibling, developmental level, nurse

**Acknowledgments:** First and foremost, I would like to God for the beautiful gift of writing ability and the heart to work with sick kids. My next biggest thank you is awarded to Susan Benner for not only helping this project take flight but also for fueling my passion for the nursing care of children! I hope that someday, I will be able to serve in pediatric nursing and even potentially serve as a nursing educator in pediatrics. Secondly, I would like to thank you, the reader for embarking on the intriguing journey before you where children's literature and nursing collide. Finally, I would like to thank my family and friends for not only supporting me through nursing school and the Honors college experience but also putting up with my long hours of research, paper writing and content questions!

### Process Analysis Statement

In the world of nursing, we are often faced with emotionally challenging and socially taboo interpersonal situations that can rock us to our very core. One of the most disheartening and earth-shattering circumstances that we can face, especially in the world of pediatric nursing, is the unexpected death of a young child. As a registered nurse, our role is not only to provide medical care to the dying child but also to help facilitate appropriate grief within the family unit, particularly for the surviving siblings. In modern Western culture, children death is such an unspoken and taboo topic that many families and their support systems neglect to approach the grieving process appropriately, leaving surviving siblings the most victimized by inappropriate grieving. This could be in part due to the lack of adequate grief resources that are not only sibling specific but also developmentally and cognitively geared towards the surviving sibling. In order to address this deficiency, the current body of sibling grief literature must be evaluated and educated improvement recommendation based on various factors related to public access/availability, as well as developmental and cognitive considerations. Understanding and defining the parameters of the literary need will not only help improve pediatric nursing but also facilitate grief appropriately and reduce the amount of lifelong psychosocial complications that survivor siblings often face.

Initially, I began this process with the goal of evaluating one to three pieces of children's literature concerning the death of a sibling and creating a "grocery list" of criteria that each book should meet in order to meet the developmental and learning needs of a young child who is grieving after the loss of a brother or sister. Upon researching available literature, I found that there was very little literature available within the public library system and the majority of books were available only through specialized grief counseling centers or educational libraries such as those intended for colleges. This is problematic because not everyone who has lost a child has access to grief counselors or is willing to seek counseling for their family. In order to select books to evaluate, I utilized Ball State's access to the World Cat database for libraries to interlibrary loan approximately 25 – 30 books that were likely to address death of a sibling for young children. Then, I read each book and determined if they would meet my goals and needs for the paper; I tried to select a wide variety of books that were culturally and gender diverse in order to meet different needs of different pediatric clients. Through this process, I selected about 15 books for my first round. At this point, I was still struggling with how exactly to analyze the books and tie them into the developmental regression (when a child behaves younger than their age) of the grieving child as well as identify the role of the registered nurse in the helping a grieving family.



After I selected books that I wanted to evaluate based strictly on content, I discovered that the majority of the books were classified into a suggested age group such as 2 – 6 years old. This meant that the content of those books would likely match the psychosocial and emotional reactions of a grieving child in that age range. From that point, I decided to expand my analysis to evaluate each age category instead of just a few select pieces of literature. I used a general guide of age categories (they didn't exactly always meet the literature) to break down each section of the research into three key age groups: infant to 2 years old, 2 -5 years old and 6 – 9 years old. After dividing the project into age groups, I began to research journal articles in the field of nursing and health care professional writings to help define expected behaviors and emotions of the grieving child. Additionally, I researched the role of the registered nurse and tips for families that can help improve grieving and reduce long-term psychological impacts on the surviving sibling. With scientific data in hand, I now began selecting the appropriate literature that I wanted to analyze and evaluate from the selection I had previously narrowed down based on content. I eventually settled on 10 total books with 5 in each literate age range (2 – 5) and ( 6 – 9).

The next phase of the research process is where my analysis and project really began to grow wings and take flight. Prior to this project, I excelled mostly in writing didactical papers that consisted of reworded factual regurgitation of the subject matter of my choosing. I felt like I had no idea on how to write an analysis that was not based on research alone; to me, this phase of the project was the most fun not only because the puzzle pieces finally came together into a big picture but also because my eyes started to sparkle when I talked to others about the “survivor sibling”.

With the literature selected, I began to create a report card on which to “grade” each book while also providing commentary on improvements that could be made to enhance the book and suggestions for future books in the same age range. I initially wanted to grade each book on its developmental and cognitive appropriateness as well as the display of age-appropriate grieving behaviors, public accessibility and my personal opinion of the artwork and overall feel of the story. With Piaget's cognitive periods and Erikson's psychosocial stages of development in mind, I created a drafted report card that reflected these values. As I continued my research, my evaluation of EACH book grew to include these categories as well as: display of Kubler-Ross stages of grief, identification of one the seven clinical types of grieving children and physical signs of grief, leading to a grand total of 8 evaluation criteria for each of the 10 books. Each book was scored with a score range of 1- 4 – minimal, fair, proficient, or distinguished – in meeting each of the 8 criteria for a grand total of 32 points that could be earned. I provided commentary and in-book examples on why the score within each category was awarded and how the book could have improvements. Interestingly, while there were some outliers who scored exceptionally high and low in comparison with the other books, the majority of the books ended up with the exact same score but with



different criteria assignments. For example, most of the books might have scored a 24 but some were exceptionally distinguished in being cognitively (level of reading) appropriate for the child but the characters in the story did not display enough age-appropriate grieving behaviors resulting in a lower score in that category. I was kinda frustrated with this as I was analyzing the books because I felt like I was assigning the same score trying to be “nice” but upon reflection, I realize that it actually created a standard and helped me identify areas of children’s grief literature that was sufficient and areas that are significantly lacking.

Finally, after completing an analysis of the 10 books according to the report card system and a systematic review of what they need for future books, I also included a description of the RN’s role in helping families who are grieving the loss of a child and what actions the nurse can take to improve the quality of care we give those families. I found this the most challenging piece to write but also the biggest piece that I will take into my future career of nursing; even if I don’t end up in a pediatric position, it is likely that I will face death of a patient and their grieving family at some point and having a little understanding of the grieving process will help me greatly. In addition to the nursing interventions, I also included charts and tables that described the various stages of cognitive, psychosocial and grieving development to help the reader understand these as well as tips for parents on how to approach different children in the grieving process.

Overall, this project may appear very depressing and emotionally draining but I thoroughly enjoyed combining three of my greatest passions: children, children’s literature and nursing, to help create an evaluation that can help improve the lives of children with books through nursing care! I am so thankful for the opportunity to expand upon this project and the fire that my pediatric nursing instructor, Susan Benner, stoked in me to begin this crazy journey. Above all, I am thankful to you, the reader, for not only taking interest in children’s grief literature but also hopefully gaining some a fresh perspective on the survivor sibling and the RN!

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### **Introduction:**

As 21<sup>st</sup> century society swirls and hums around the world, interpersonal relationships are constantly evolving and changing, the transition of friendships progressing from childhood peers to high school pals to college buddies and finally to workplace comrades with a handful of solid companions that muddle through all phases of life. Amidst this relationship chaos, there are some stable and consistent bonds that provide nurturing care and support no matter how life moves; for those lucky enough to claim ownership of such a relationship, they are called siblings. The bond between siblings is unique because it involves the sharing of blood, the swapping of priceless memories and the mutual animosity towards the “unfairness” of mom and dad’s rules. This lifetime bond has significant impacts one’s life journey and for most siblings this means happiness and prosperity as they mature and share in lifetime achievements, marriages, and family growth. However, for some siblings, this bond is broken very early in life, severed by the tragic loss of one’s sibling through the most inconceivable acts of all time, death.

In 2014, an estimated 32,000 children between the ages of birth and 14 died of various causes in the United States.<sup>2</sup> In addition to these children, an estimated 29,000 young adults (age 15 – 24), died as well. According to Valerie Machajewski, an average of 83% of these children and young adults leave a sibling survivor behind when they die.<sup>7</sup> This unnatural loss of a sibling can severely disrupt psychosocial development of children, leading to life-long complications including negative impacts on adult schooling and socioeconomic status.<sup>18</sup> According to studies, the most important factor that influences how children react to the grief and loss of a sibling is the parent-child relationship and how the family grieves as a unit.<sup>18</sup> In order for the surviving sibling to have positive grief outcomes and reduced behavioral complications, facilitation of a positive parent-child relationship needs to be supported and encouraged. Unfortunately, both parents and healthcare providers are not equipped to directly address the concerns of the grieving child and there is a significant lack of well-guided information readily accessible. This lack of adequate and appropriate grieving information could be due to the “taboo” nature of the concepts related to the death and loss of a child often noted in Western culture.<sup>18</sup> The societal discomfort associated with death of a child and the grieving process has led to a literature deficiency that must be addressed by healthcare professionals who seek to facilitate positive grief experiences in children.

Within the children’s literature market, books that address children and young adult grief have been primarily written from the viewpoint of adult caregivers and how *they* interpret the loss’s impact on the surviving siblings. Rarely, until recently, had literature authors considered an alternative perspective: the perspective of the actual surviving sibling.<sup>18</sup> The development of such literature is seeping into the market and its expansion could revolutionize how adults and children alike grief and cope with the traumatic loss of a child. The direct engagement of children through relatable literature content could have profound impacts on grief and coping because caregiver studies have noted that perceptions of grief,



death and loss differ between adults and children.<sup>18</sup> Establishment and supportive growth of a literary genre that provides children readers with developmentally and cognitively appropriate content could bridge the grief literature gap, resulting in adequate resource distribution to families and healthcare providers.

While pediatric registered nurses and practitioner healthcare providers are not likely to actively participate in writing children's books, they can analyze and evaluate the current literature available in order to advocate for resources that meet their patient's needs. According to M. Mahon, childhood loss is understood in relationship to a child's cognitive, emotional and developmental abilities and these factors, along with age, are significantly related to how they respond to grief and cope with loss.<sup>10</sup> It is also very important to consider that these factors can be used to initiate an understanding of how a child may cope with a loss but they are not definitive; each child may progress or regress through various stages differently.<sup>12</sup> Providing grief facilitation, particularly with utilization of bibliotherapy and literary elements, is dependent on understanding both the child's developmental level and the relatability of the selected literature to that particular child.<sup>12</sup> This facilitation, however, depends on evaluation of current children's literature concerning the death of a sibling and determination of any ongoing needs for the grieving child that need to be met by that literature.

In order to better understand and define the bibliotherapeutic needs for 21<sup>st</sup> century pediatric clients who may be considered a "surviving sibling", a systematic review and analysis of a selected group of potential bibliotherapy literature choices was conducted. For the purposes of this study, three age groups were identified: birth – 2, ages 2 – 5, and ages 6 – 9. Ten literary pieces were selected for evaluation. The pieces were initially classified by age and then further evaluated and scored based on psychosocial development, cognitive development, grief stages, physical manifestations of grief, grief behaviors, identification of the "grieving child", literature accessibility and personal analysis of the book.

Included prior to the literary evaluation are the following resource information and tables that will help in understanding the literary evaluation: selected terminology, the 7 types of grieving child, Erikson psychosocial stages and Piaget cognitive periods, Kubler-Ross stages of grief, and the literature report card scoring system.



**Key Terms**

According to Marsha Riely, the following terms can help define aspects of the grief journey within the scope of children's experiences.<sup>12</sup>

**Grief:** The total response to the emotional experience of loss through death of a significant person manifested in the psychological, social and somatic reactions of the children.<sup>12</sup>

**Bereavement:** The state of suffering a loss through death causing subjective responses experienced by children after the death of a significant person.<sup>12</sup>

**Mourning:** The behavioral process through which grief is eventually resolved or altered and is influenced by cultural response and spiritual beliefs.<sup>12</sup>

**Bibliotherapy:** Helping the bereaved through the use of books.

These terms, defined by the *Nursing Care of Children: Principles & Practice*, may also aid in understanding the grieving behaviors children undergo.<sup>3</sup>

**Anticipatory Grief:** The process of mourning, coping, interacting, planning and psychosocial reorganizing that occurs as part of the response to the impending death of a loved one.<sup>3</sup>

**Regression:** Appearance of behavior more appropriate to an earlier stage of development; often used to cope with stress or anxiety. Defense mechanism in which conflict or frustration is resolved by returning to a behavior that successful in an earlier stage of development.<sup>3</sup>

### **The 7 Types of Grieving Children**

According to P. Gill White, researchers have isolated seven distinct types of surviving siblings and these describe sibling responses to the overwhelming loss that has occurred. Due to the immense impact that sibling loss has on a developing child, this death can have lifelong implications, either positive or negative. If these responses are noted in surviving siblings, they may indicate a higher risk for development of negative implications depending on how the families cope with the loss. However, this list is not an inclusive description of survivor responses and the burden of a sibling death can be greatly altered by parental involvement, response and intervention to assist the grieving child.<sup>20</sup>

#### **Haunted Child**

A child whose family members refuse to speak about the death or the deceased sibling. In this dynamic, the surviving sibling knows about the death but is unable to talk about it with their family, creating a “haunted” environment.<sup>20</sup>

#### **Overprotected Child**

This child may be regarded as precious because they are a surviving sibling and parents may coddle them in an attempt to prevent another loss of life. These children often have a decline in independent autonomy because they are not given developmentally appropriate freedoms. Additionally, this child may be gradually rejected by the parent because the parent is afraid of developing a close relationship with another child only to lose them again.<sup>20</sup>

#### **Lap Child**

Often seen in infants or very young children, the surviving sibling is prevented from leaving the grieving mother because this makes the grieving process easier on the mother if the child is close to her. This is often seen in families who have experienced the loss of a child to a terminal illness or lengthy complications. For the lap child, this can create a decrease in development because they are restricted from exploring the world and learning new concepts.<sup>20</sup>

#### **Lonely Child**

This child is often neglected due to socioeconomic and environmental changes that may result in parental divorce, geographic relocation, and being the only remaining child in the home. This child regularly spends time alone after school and often seeks solace and comfort in developing relationships with pets.<sup>20</sup>



**Replacement Child**

A replacement child can be identified in three distinct scenarios. First, it can describe a child who was born after the death of a sibling and is seen by the family as a reincarnation of the deceased child; occasionally, this child may even be christened with the same name as the deceased which creates life-long identity complications. The second type of replacement child is either adopted or fostered following the death of a child. Finally, a replacement child can be a surviving sibling who tries to replace the deceased sibling by impersonating the sibling in various ways including namesake, behaviors, and/or character traits.<sup>20</sup>

**Later-Born/Legacy Child**

A child born into a family where a significant child loss has occurred may feel isolated because they did not know the sibling and are not included in memories of the lost child. Also, they may feel that the sibling is a “guardian angel” watching over them and they may lament for a lost relationship with the sibling. Finally, legacy children may harbor blame for the deceased sibling as they have upset the children’s parents.<sup>20</sup>

**Scapegoat Child**

This surviving sibling often becomes the target of a grieving parent’s anger, hostility or frustration towards the death of a child. This hostility often arises from the parent’s own unaddressed guilt concerning the death.<sup>20</sup>

**Erikson & Piaget Developmental Summary**<sup>3</sup>

Age Range	Erikson Developmental Stage	Piaget Cognitive Period
0 – 2	<b>Trust vs Mistrust:</b> Establishment of a sense of trust in the world when all needs are met and they feel cared for. This includes routine and reliable need satisfaction.	<b>Sensorimotor:</b> Exploration of the environment through sensory motions and basic motor skills. They learn about the world around them by picking objects up, feeling them, listening to them rattle, etc. and use their sensory skills to establish a sense of object permanence.
2 – 5	<b>Autonomy vs Shame &amp; Doubt:</b> Development of self-control and ability to be independent in areas of dress, self-care and feeding habits. Characterized by a will to achieve the tasks.  <b>Initiative vs. Guilt:</b> Take charge and believe they are able to do certain tasks. Development of goals, competition and imagination is fueled as this age. They explore gender roles and are motivated by a sense of purpose.	<b>Preoperational Thought:</b> Thinking is predominately magical and egocentric in nature; they are often unable to understand how events can impact others and only see their own feelings about a topic. Their thought process is characterized by perception of the world around them.
6 -9	<b>Industry vs Inferiority:</b> Initiation of the use of particular skills and tools to accomplish tasks. Cultivation of positive peer relationships and play environments is essential at this age. They feel a need to master certain skills and this stage is dominated by a sense of competence.	<b>Concrete Operations:</b> While not quite abstract, thinking becomes more altruistic and less egocentric. Logic and systematic processing skills prevail and children begin to initiate understanding of abstract concepts but still need concrete reinforcement of most concepts.



**Kubler-Ross Stages of Grief**<sup>15</sup>

Stage	Description
Denial	The loss does not seem real and is often referred to as a nightmare or something that they will “wake up from”. People in this stage deny the occurrence of the loss (or expected occurrence) and believe that things will suddenly change for the better and their lives will return to the previous state of normal.
Anger	Often associated with feelings of unfairness and frustration, this stage describes an overwhelming sensation of anger at the loss. While anger does primarily occur at this stage, it may return intermittently even after acceptance, especially in children as they regress from a “break” in grieving.
Bargaining	In this stage, one may make an offer or “bargain” to someone or something, often a higher power, in exchange for the return of their loved one. These bargains often include significant changes in behavior or lifestyle modifications. For example, one might say that they will quit smoking if only the loved one can return.
Depression	As anger and bargaining chips fail to bring back the loved ones, an individual may experience a depressive state in which they alter their day-to-day living as they resolve the finality and irreversibility of the loss. In addition to crying and sleep-alteration, other feelings experienced in this stage may be guilt and social withdrawal from support systems.
Acceptance	The final stage, acceptance, is achieved when all feelings of despair have been resolved and one is finally able to come to terms with the loss. It includes processing the grief emotions and development of strengthened coping mechanisms. These mechanisms enable them to move forward, return to daily life and begin thinking about their future.

### **Literature Summary**

**Title:** Jenny: Coming to Terms with the Death of a Sibling

**Author:** Stephanie Jeffs & Jacqui Thomas

**Synopsis:** Young Jenny must cope with her older sister Rosie's terminal illness including Rosie's inability to play, visit with friends, and attend school with Jenny. The story also explores Jenny's feelings about why Rosie isn't getting better, what this means for Rosie and Jenny's family and if Jesus will take care of Rosie when she dies. The primary focus of this story is on coping with Rosie's illness prior to her death and understanding the impending expectation of death instead of simply the grieving process following death.<sup>4</sup>

**Publication Date:** 2006

**Recommended Age Range:** 4 – 6

**Classification Age Range:** 2 – 5

**Notes:** This story was originally published as Rosie: Coming to Terms with the Death of a Sibling.

**Title:** Where's Jess?

**Author:** Marvin Johnson

**Synopsis:** The viewpoint of a young child who has lost their sister Jess and the process of grieving as they attempt to process what death is, where their sister is and what the death means for their family. The story also explore common behaviors experienced by grieving families including crying, thinking about the lost child and creation of happy memories of Jess.<sup>5</sup>

**Publication Date:** 1982; 2015

**Recommended Age Range:** 5 – 6

**Classification Age Range:** 2 – 5

**Notes:** The book is illustrated by a 7-year-old and is a centering corporation resource for grief counseling.



**Title:** Since My Brother Died / Desde Que Murio Mi Hermano

**Author:** Marisol Munoz-Kiehne

**Synopsis:** A young boy struggles with the loss of his brother experiencing anger, confusion and frustration as he determines what death actually means and how to cope. He finds solace in painting as he copes with his brother's absence.<sup>9</sup>

**Publication Date:** 2000; 2008

**Recommended Age Range:** 5 – 9

**Classification Age Range:** 6 – 9

**Notes:** The book is bilingual with exact diction copied in both English and Spanish on each page with accompanying illustrations. It is also a centering corporation resource for grief counseling.

**Title:** Always My Brother

**Author:** Jean Reagan

**Synopsis:** Becky copes with the loss of her older brother and especially his death's impact on her ability to enjoy playing soccer as they had played the sport together. It also follows her grieving process as she copes and accepts his death.<sup>11</sup>

**Publication Date:** 2009

**Recommended Age Range:** 6 – 9

**Classification Age Range:** 6 – 9

**Title:** Dancing on the Moon

**Author:** Janice Roper

**Synopsis:** Five-year-old Carly struggles with the death of her infant brother Nigel and she embarks on a journey to search for him and bring him home. This journey finds her dealing with his death and discovering how to cope by "dancing on the moon".<sup>13</sup>

**Publication Date:** 2001

**Recommended Age Range:** 3 – 8

**Classification Age Range:** 2 – 5

**Title:** This Book Is For All Kids, But Especially My Sister Libby. Libby Died.

**Author:** Jack Simon

**Synopsis:** This book is the words dictated by 5-year-old Jack to his mother concerning the death of his younger sister Libby. It explores Jack's grieving process and questions about his sister's death, what heaven is like and if Libby likes it there. <sup>14</sup>

**Publication Date:** 2001

**Recommended Age Range:** 5 – 11

**Classification Age Range:** 2 – 5

**Title:** The Empty Place: A Child's Guide through Grief

**Author:** Roberta Temes

**Synopsis:** A third-grader copes with the loneliness he experiences following his older sister Jennifer's death. He seeks advice from his babysitter who has also experienced the loss of a sibling. She is able to help him come to terms with Jennifer's death and understand how he can cope. <sup>16</sup>

**Publication Date:** 1992

**Recommended Age Range:** 4 – 10

**Classification Age Range:** 6 – 9

**Title:** A Little Bit of Rob

**Author:** Barbara J. Turner

**Synopsis:** Following her older brother Rob's death, a young girl and her family try to return to their normal life of sea crabbing but discover that Rob is still with them. <sup>17</sup>

**Publication Date:** 1996

**Recommended Age Range:** 4 - 8

**Classification Age Range:** 6 – 9

**Title:** Am I Still a Big Sister?

**Author:** Audrey Bernheimer Weir

**Synopsis:** A young girl questions the sudden illness and death of her younger infant sister Rachel. She reflects on her family's feelings, the funeral experience and how her family moves forward following her sister's death. <sup>19</sup>

**Publication Date:** 1992

**Recommended Age Range:** N/A

**Classification Age Range:** 6 - 9



**Title:** Lost and Found: Remembering a Sister

**Author:** Ellen Yeomans

**Synopsis:** A young preschool girl recounts her feelings of confusion and search for her older sister Paige following Paige's death. She describes her feelings about the death, how it affects her family and how Paige's death has affected the school atmosphere and teachers in the community. She also recounts how she experiences her sister's love after her death.<sup>22</sup>

**Publication Date:** 2000

**Recommended Age Range:** 5 -9

**Classification Age Range:** 2 – 5

**Notes:** This is a centering corporation resource for grief counseling.

Literature Report Card

Category	4 – Distinguished	3 – Proficient	2 – Fair	1 – Minimal
<b>Erikson Stage of Psychosocial Development</b>	Primary character experiences both significant age-appropriate psychosocial stage expression AND appropriate regression to previous stages under grieving stress	Primary character experiences either significant age-appropriate psychosocial stage expression OR appropriate regression to previous stages under grieving stress	Primary character experiences some appropriate psychosocial stage expressions OR some regressive behaviors experienced during stress of grieving are identified	Primary character does not experience any appropriate psychosocial stage expressions AND no regressive behaviors are expressed
<b>Piaget Stage of Cognitive Development</b>	Behaviors exhibited by the literary characters are exceptionally appropriate to the designated cognitive level of the intended reader	Behaviors exhibited by the literary characters are adequately appropriate to the designated cognitive level of the intended reader	Behaviors exhibited by the literary characters are mildly appropriate to the designated cognitive level of the intended reader	Behaviors exhibited by the literary characters are negligently appropriate to the designated cognitive level of the intended reader
<b>Kubler-Ross Stages of Grief</b>	Literary character (s) experience all 5 stages of grief throughout the course of the story	Literary character (s) experience 3 OR 4 stages of grief throughout the course of the story	Literary character (s) experience 2 of the stages of grief throughout the course of the story	Literary character (s) only experience 1 or none of the stages of grief throughout the course of the story
<b>Physical Manifestations of Grief</b>	Primary character expresses 4+ age-appropriate physical sign of grief	Primary character expresses 2 – 3 age-appropriate physical sign of grief	Primary character expresses at least 1 age-appropriate physical sign of grief	Primary character does not express any physical manifestations of grief OR the physical manifestations are indiscernible



<b>Grieving Behaviors</b>	Primary character expresses 5 + age appropriate behaviors of grief including regression	Primary character expresses 2-4 behaviors of grief and may include regression	Primary character expresses behaviors of grief but they are limited and/or no regression is noted	Primary characters behaviors of grief are indiscernible and no age-appropriate behaviors are identified
<b>Grieving Child Identification</b>	One of the 7 types of grieving children is clearly identified and discernible	One of the 7 types of grieving children is identified somewhat OR the character does not fit ANY of the 7 grieving children characteristics	Grieving child can be identified as parts of a whole type (characteristics from one or more types of grieving child)	Grieving child type is indiscernible OR character expresses characteristics of some of several of the various types of grieving children
<b>Accessibility</b>	The book is accessible through public libraries, online used book marketplaces such as Amazon AND/OR as a new online purchase through national booksellers and online grieving marketplace	The book is accessible through collegiate libraries, online used book marketplaces such as Amazon AND as a new purchase through national booksellers.	The book is accessible through online used book marketplaces	The book is only accessible through the grieving marketplace - i.e. only available from grief counselors and/or through their designated distributors
<b>Personal Analysis</b>	The book met all of my expected requirements, was easy to read and had an interesting plot that I feel appealed to the reader; the illustrations and design of the book was appealing and attractive	The book met some of my expected requirements, was fairly easy to read with an interesting storyline and the illustrations/design was appealing and attractive.	The book met a few of my expected requirements and was appealing in plot and/or illustrative design	The book did not meet very many of expected requirements, was difficult to read and/or the plot or illustrative design was not appealing

Total Score: \_\_\_\_\_ / 32

## **Birth – Age 2:**

### **Erikson Stage:**

Erikson identifies children at this age to be in the trust vs. mistrust stage of psychosocial development. This stage describes the relationship that the infant experiences with the caregiver and how a sense of trust is established when their needs are met and the safety of their day-to-day life is guaranteed.<sup>7</sup> This stage impacts how infants grieve because they are able to detect disruptions in their sense of security and the routine in which their needs are being addressed.<sup>6</sup> For example, in the death of a sibling, the infant's mother may not be consistently feeding, rocking or changing the infant due to the routine disruption that death creates within the home structure. The infant is able to perceive these changes and their behaviors are reflective of the separation from the caregiver during the bereavement phase.<sup>7</sup> If the needs are not met consistently, a sustained sense of mistrust can develop which can result in an inability to develop fulfilling relationships later in life.<sup>7</sup>

### **Piaget Stage:**

Piaget identifies the cognitive ability of infants to be in the sensorimotor stage which means they comprehend a "death loss" to be a separation from those who love them and an alteration in their needs being met.<sup>1</sup> While children under the age of 2 are often cognitively impaired to the understanding of death, they do experience grieving. As they comprehend death to be separation, grieving often takes the form of a significant increase in separation anxiety, attachment and distress.<sup>1</sup>

### **Physical Manifestations of Grief:**

In infants, physical manifestations of grief are often related to a change in their routine, sense of security, or development of mistrust in the caregiver-infant relationship.<sup>6</sup> These manifestations can include an increase in crying, altered sleep patterns (sleeping more or less than typical), disinterest in eating, and altered elimination patterns.<sup>7</sup>

### **Grieving Behaviors:**

Understanding an infant's behavioral responses in the grieving process includes analyzing their comprehension and development of language skills. In infants who have not developed language, often



those under 10 months of age, grieving behaviors are due to a sustained development of mistrust in the infant-caregiver relationship.<sup>7</sup> This mistrust is the result of a lack of consistent interaction between the parents and the infant and the infant's behavioral response is primarily physical withdrawal with unresponsiveness to holding or cuddling actions.<sup>7</sup>

After 10 months, the grieving sibling has some language skills and is able to begin identifying the emotions and moods of adults around them. Between 10 and 24 months of age, these children may express grieving behaviors through temper tantrums, fits of rage and frustration and sadness.<sup>6</sup> They conduct this behavior often times in an attempt to "bring back" the deceased sibling. For example, if they believe that the sibling would come when they called their name, they may resort to calling out the name (or nickname) of the sibling in order to bring them back. In addition to having outbursts, the surviving sibling may search for the lost sibling by looking around the house and calling out for them or searching for them when they enter a room or the sibling's bedroom; eventually, they will give up on searching.<sup>6</sup> As the child approaches 24 months, a regression of behavior may be witnessed such as curling up into the fetal position, reinterest in bottle feeding (instead of sippy cups), decrease in toilet-trained episodes and other behaviors that the child had previously mastered.<sup>6</sup> Finally, the child may express a genuine lack of interest in toys, activities and food as they adjust to the world around them.<sup>6</sup>

### **Literature Review:**

For the confinement of this literary analysis project, no literature was identified and selected for review for the age range of birth-2 years. It was determined that children of this age would benefit more from therapeutic security improvement instead of bibliotherapy because the cognitive ability of most children this age does not enable them to understand the concept of death.

### **Literary Access & Demand:**

While children under the age of 2 are able to experience and identify grieving alterations in their environment, it is believed that understanding death is beyond their cognitive ability.<sup>7</sup> The demand for literature at this age range is very low because they are unable to understand death. Literature availability is primarily geared towards those above 24 months of age. However, despite cognitive regression that may occur, it may be recommended for highly advanced children to be exposed to the literature designated for children in the 2 – 5 age range. The choice to pursue literature is dependent on each individual child's response to the death and parental evaluation of their comprehensive ability.

Recommendations for appropriate literature can be made by adequately trained grief counselors for this age range.

### **Making It Count: Therapeutic Tips for Parents**

- Maintain a regular routine schedule for the infant as much as possible.<sup>6,7</sup>
- If parents are unable to care for the infant while grieving, ensure that care is at least provided in familiar surroundings, preferably their home.<sup>6,7</sup>
- Provide the infant with extra cuddle time and encourage use of a soft, soothing voice.<sup>6,7</sup>
- Make an attempt to reduce significant environmental alterations (i.e. many visitors in the home, loud, boisterous voices, crying) so that the infant's routine is kept as close to normal as possible.<sup>6,7</sup>
- For older infants, try to maintain consistent meal times, play times, story times, bedtime routines, and continued physical contact.<sup>6,7</sup>
- Speaking in simple sentences about the loss of the sibling (i.e. "Sally's gone, Sally no more") can help them understand that a loss of sibling has taken place.<sup>6,7</sup>
- Involve everyone and encourage the offering of extra love and support through continuous holding and comfort.<sup>6,7</sup>



### Age 2 –5:

#### Erikson Stage:

Erikson identifies children at this age to be in two different stages of psychosocial development: autonomy vs. shame or doubt and initiative vs. guilt. Autonomy vs. shame or doubt is often attributed to children in early toddlerhood (between the ages of 2 and 3) while initiative vs. guilt describes children of the preschool age (3-5).<sup>3</sup> Children are not restricted to a particular stage and may exhibit behaviors from either stage, particularly while grieving. Psychosocial regression and reversion to a previous stage been identified by Erikson as a common occurrence when children undergo significant distress or life disruption.<sup>3</sup> It is important to remember that if regression occurs, the child's behaviors should be supported, not criticized; these behaviors will often abate as the child's anxiety decreases and environmental stability increases.

In toddlerhood, the child may experience a psychosocial crisis that can lead to a decrease in autonomic function. This is most often displayed through skill regression as they "lose" control over bodily functions that they had previously mastered; for example, this can include an increase in potty-training accidents or a loss of language communication skills.<sup>20</sup> Additionally, toddlers can regress their independence and autonomy by seeking more attention from parents and close family members, displaying separation anxiety, and having emotional outbursts of anger, aggression or sadness.<sup>7</sup> This regression is considered a normal response to a stressful situation and it occurs because the child feels the need to regain control of their lives; prior to the death of a sibling, they had control over the day-to-day routine and family interactions. They regressive to a previous state in an attempt to return to this level and cope with the stress of the unexpected disruption in their daily routine caused by the death of a sibling.<sup>3</sup>

In preschool children, the initiative vs guilt stage is often characterized by imaginative behaviors, a sense of purpose and regular interaction with peers through play activities.<sup>8</sup> It is also in this stage that while learning how to take control and initiative within their surroundings, children examine their environment through exploratory questions of discovery.<sup>8</sup> Under negative distress, these initiative seeking behaviors may transition into feelings of guilt and inadequacy, especially in response to the loss of sibling. This guilt can manifest as the sensation that they are "in the way" or a nuisance to grieving parents, particularly if their questions surrounding a sibling's death are met with annoyance or aggravation.<sup>8</sup> In older preschoolers, this guilt may be intertwined with egocentric tendencies resulting



in the child's belief that they caused the sibling's death either through an act of anger at the sibling or wishing that the sibling was gone.<sup>1</sup>

### **Piaget Stage:**

Piaget identifies children of this age to be at a preoperational period of cognitive development. This phase includes thought processes that are egocentric (focused on the child's perspective), illogical and often magical in nature.<sup>3</sup> Magical thinking, the belief that the events around them happen because they wished for them, predominates their view of the world and can also include perception alterations such as animism. Animism is "the perception that all objects have life and feeling".<sup>3</sup> Due to their perception of animism (life is in all things that move), preschoolers often associate a lack of movement with death or nonaliveness.<sup>1</sup> They comprehend death to be a sense of immobility and can often confuse death with simply "being asleep"; this confusion often results in a frenzied attempt to "wake up" a dead sibling.<sup>1</sup> During this period, they are unable to understand the permanence of death and often believe that the sibling can return back home if they so choose. In addition to believing that death is reversible, they view death as simply "living somewhere else" and that in death, the person still needs to meet basic needs such as eating and playing with toys.<sup>1</sup>

While cognitive development in this period centers on egocentrism, magical thinking and illogical interpretations of the world around them, children of this age do have some ability to view the world in concrete or literal terminology.<sup>6</sup> This is important to note when describing how or why a sibling's death occurred. Use of simple factual information and terminology to describe death can help abate this confusion while utilization of vague abstract phrases such as "Jesus wants your sibling with him" and "they are peacefully sleeping" can aggravate fears of sleeping or personal death of the preschooler.<sup>7</sup>

### **Physical Manifestations of Grief:**

In response to the death of a sibling, physical manifestations experienced by children of this age are often regressive in nature. For example, a surviving sibling who has been nighttime toilet-trained may experience episodes of enuresis (bedwetting) following the death, demonstrating a regression of toilet-training skills.<sup>7</sup> Other physical manifestations include: upset stomach, headaches and alterations in sleep patterns.<sup>7</sup>



**Grieving Behaviors:**

The behaviors experienced during the bereavement period are unique to each child's individual response to the loss of the sibling. A hallmark signal of grieving/mourning in children of this developmental stage is a significant regression in behaviors that were previously mastered by the child. An independent child who can feed himself may request to be fed or request that drinks be given in bottles. A toilet-trained child may have an increase in accidents, nighttime bedwetting or request to wear diapers.<sup>7</sup> The child may engage in aggressive behavior, conduct temper tantrums to display anger and frustration, and act out in an attempt to gain attention from family members.<sup>7</sup> In addition to aggression, the child may also experience an increase in disobedience or stubbornness. Separation anxiety and clinginess to loved ones and caregivers is very common in this phase and even if the child was very outgoing and independent prior to the death, they may regress to becoming needy or even withdrawn from those around them.<sup>6</sup> This anxiety is the result of a subconscious fear that they will lose those close to them in the same manner that they lost their sibling. It is not uncommon for children of this age, to treat the sibling's absence nonchalantly, choosing to focus on playing or their toys. They may ask inappropriate questions when confronted with the news of their sibling's death such as "Can we play at the park today?" or "Where's my favorite doll? I can't find it."<sup>6</sup> These behaviors do not mean that the child is not affected by the death, it is simply a coping measure taken by some.

Children of this age are very egocentric and magical in their thinking and their behaviors following the death of a sibling may reflect a magical nature. For example, they may express wishes for the sibling to return home and their desire for these wishes may be expressed through their play.<sup>7</sup> Play is an extremely common platform for grief expression with children at this age. They may choose to express their feelings of mourning including sadness, anxiety, or stress through dolls or action figure toys and this meditation can help them decipher how they are feeling about the loss.<sup>6</sup> Even though they may express these feelings through play, these children are not immune to symptoms of depression as they grieve. In girls, these may manifest as feelings of self-consciousness and embarrassment when around peers while in young boys, parents/family members may see an increase in aggressive tendencies.<sup>7</sup>

### Literature Review:

*Jenny: Coming to Terms with the Death of a Sibling*<sup>4</sup>

#### Erikson Psychosocial Development

Score: 3 – Proficient

**Rationale:** Jenny clearly exhibits the appropriate Erikson psychosocial development of personal initiative. She utilizes imaginative play with Rosie by pretending that Rosie's bed is farmland and her knees are mountains while playing with the farm toys. She also transfers her internal feelings about Rosie's illness to the sick lamb which helps her process her feelings and express what she truly desires for both the lamb and Rosie: that they get better. Jenny displays initiative by asking her mom several questions concerning Rosie's illness including: why Rosie doesn't feel better after simply sleeping, why she never gets well even though people want her to, and why she is always sick no matter what happens. These questions about Rosie are cues that Jenny is attempting to understand her environment and discover why things are not as they seem. These questions continue as Jenny begins to process the impending death of Rosie.

However, while Jenny's psychosocial stage appropriately matches the targeted reader's developmental stage, Jenny does not display very much regression which is often common in children of this age during stressful circumstances. This is likely due to the fact that this book is meant to prepare children for the impending death of a sibling with a terminal illness and does not address grieving behaviors because the death has not yet occurred. The book is proficient at assimilating appropriate psychosocial development stage but is not distinguished simply because it addresses only impending death and not grief as well.

#### Piaget

Score: 4 – Distinguished

**Rationale:** Jenny's behaviors are exceptionally cognitively appropriate to the target reader because she expresses a combination of Piaget's preoperational and concrete stages which is very common with readers who are transitioning between cognitive periods. While Jenny displays some concrete cognitive skills, she continues to primarily interpret her environment with preoperational magical thinking. For



example, Jenny believes that wishing for Rosie to wake up and never hurt again and that Rosie could run and laugh may help her get better which is characteristic of magical thinking. However, Jenny is beginning to develop a more altruistic view of people's feelings and the world around her because she has a strong desire for Rosie to get better and understands that her family members want the same things. This is in opposition to the traditionally egocentric nature that is characteristic of the preoperational stage. Despite Jenny's development of some concrete ideals, some of this egocentrism makes an appearance in Jenny's interpretation of Rosie's terminal illness journey such as when Jenny wants Rosie to get better so she can enjoy the hot chocolate like Jenny does. Overall, this book is distinguished because it has the ability to appeal to a wider target reader; children are not uniform and some may be more advanced in their cognitive ability than others, so this book can help address a sibling's pending death with children who fall in-between stages as well.

### **Kubler-Ross**

Score: 1 – Minimal

**Rationale:** This book is not designed to address the grieving behaviors of Jenny because Rosie has not actually died yet. Therefore, it does not show a sufficient progression of the main character through the Kubler-Ross stages of grief. The book aims at preparation of impending death and focuses on anticipatory grief which Jenny experiences by wishing for a "previous version" of the sick Rosie. A Rosie that was able to spend more time playing outside and visiting places like the farm. Jenny is preparing for Rosie's death by undergoing this anticipator grief and examining her feelings concerning the loss of Rosie. She does arrive at some brief resolution when she asks Jesus to take care of Rosie and believes in her heart that He will do so. This acceptance may help lessen the pain of Rosie's death but does not prevent Jenny from eventually experiencing the stages of grief after Rosie's death.

### **Physical Manifestations**

Score: 2 – Fair

**Rationale:** Jenny only experiences one significantly discernible physical manifestation of grief: fatigue/exhaustion. On the way home from her visit to the farm, she feels very tired (fatigued) and exhausted as she just wants to go home. She is able to attribute this tired sensation to the sadness she is experiencing surrounding Rosie's illness instead of simply being ill.

**Grief Behaviors**

Score: 3 – Proficient

**Rationale:** Jenny's behaviors are not exclusively indicative of grieving because her emotions are anticipatory and related to Rosie's illness. However, this is still comparable to the feelings of grief and emotions that Jenny will continue to experience as she continues on her grief journey following Rosie's death. The behaviors that Jenny experiences are age-appropriate and include: sadness, confusion about why Rosie is not getting better, frustration about the situation not being fair, and expressive play. Jenny is sad over Rosie's illness and is very confused as to why she is not getting better; she asks many questions in an attempt to understand the environmental changes that are happening from Rosie's illness. Also, the expressive play that Jenny and Rosie share serves two purposes: to help Jenny transfer her feelings about Rosie's illness to an element she can understand and it helps Rosie comfort Jenny by telling her that the farmer will take care of the sick lamb (i.e. Jesus will take care of Rosie). The only reason that the behaviors expressed in this book are not considered distinguished is because all of Jenny's behaviors are anticipatory and have yet to reach the full stage of grief.

**Seven Grieving Children**

Score: 3 – Proficient

**Rationale:** Jenny does not meet any of the characteristics of the seven grieving children but is instead supported by a positive family environment that encourages her to express her feelings and patiently answers her questions. Even though the seven types of grieving children have been identified, the development of these children is dependent on how the family responds to the death, or in this case impending death, of the sibling. Since Jenny has a very supportive family and community presence, she does not exhibit any characteristics of these grieving children. This is more likely to be the case of the targeted reader so no characteristic exhibition is considered proficiently appropriate if there is strong family support evident.

**Accessibility**

Score: 4 – Distinguished

**Rationale:** The book is readily available through the public library system and for easy purchase on online marketplaces such as Amazon or Barnes and Noble's Marketplace. In order to be considered



adequately accessible, the book must be considered available to grieving families at a public access point. According to Ball State's WorldCat database, the book is available in 127 public libraries including 9 public library districts in the state of Indiana.<sup>21</sup>

### **Personal Analysis**

Score: 4 – Distinguished

**Rationale:** The book was easy to read and the illustrations were very realistic, making the characters of Jenny and Rosie relatable. Personally, I was fond of the incorporation of Jesus and prayers for Rosie into the storyline because I share the same religious affiliations and know that these can be important elements for families to wish to incorporate into their grief healing process and discussions. However, this religious affiliation may make this book inappropriate for certain cultures that have different religious backgrounds and ritualistic practices during the grieving process. This book should be recommended to a family after careful consideration of their cultural preferences and displayed grieving rituals. Also, the relationship between Rosie and Jenny was very realistic and while I have never experienced the loss of a sibling or terminal illness, I was able to connect to Jenny's feelings towards her sister simply because I have a close relationship with my sister. Overall, I thought the story addressed the concerns that many young children may have concerning death and terminal illness while translating their feelings into elements they can understand such as farm animals and playing with the sibling.

**Total Score:** 24 / 32

*Where's Jess?*<sup>5</sup>

### **Erikson**

Score: 4 – Distinguished

**Rationale:** Even though this book is simplistic and short, the main character exemplifies both the appropriate psychosocial stage of initiative as well as the regression into a state of guilt over the loss of Jess. The initiative is displayed through the questions that the surviving sibling asks their parents in order to better understand the world around them. These questions include those aimed at better understanding what death is like such as comparing it to a trip or sleeping while also attempting to understand where Jess has gone to. While the main character shows initiative in their questions, they also regress to a previous state of unmastered guilt concerning the death of Jess; they express concern that something bad

they did caused Jess to die which illuminates a sense of guilt. This is very appropriate to how a sibling might “bounce” between the stages of psychosocial interpretation of the sibling’s death and provides an accurate account for the target reader to identify with.

### **Piaget**

Score: 4 – Distinguished

**Rationale:** At this age, Piaget identifies their cognitive ability to be at preoperational and that they will not be able to comprehend the permanence of death but instead view it as a sense of immobility during which the deceased sibling can return from if they desire. In this book, the main character assimilates with this cognitive level by initially interpreting death as similar to being asleep or on a trip until their parents define death as being a more permanent state. Even though the child may appear to comprehend death in illogical sense, they interpret the world around them very literally. It is crucially important that the death be presented with the most simplistic and factual information and avoidance of vague and abstract phraseology is observed. The parents in this book do an exemplary job of describing Jess’s death in concrete literal terms: Jess doesn’t breathe and all the parts of her body have stopped working. She is in a special place for people who have died and won’t return home. This description of death helps abate confusion about what death actually means but appeals to the literal interpretations of children from this age.

Additionally, the surviving sibling in this story displays appropriate cognitive development by expressing concern that something they did may have caused the death of Jess. Psychosocially, this can be defined as an expression of guilt while cognitively, this denotes appropriate magical thinking that doing something bad or wishing for something to happen is directly related to a particular event’s cause. Both are appropriate examples of development and can help the target reader connect with the character who is experiencing the loss of Jess.

### **Kubler-Ross**

Score: 2 – Fair

**Rationale:** Throughout the course of the story, Jess’s family appropriately addresses the surviving sibling’s concerns about death and how to grieve the loss of Jess but the book only clearly outlines two of Kubler-Ross’s five stages of grief. The stages that it clearly identifies are at the end of the grieving phase: depression and acceptance. Depression can be seen in both the surviving sibling’s expression of crying and their parental response to the death: sometimes daddy cries when he remembers Jess and Mommy



cries when they talk about Jess. Acceptance is illuminated when mom encourages the surviving sibling to cry because it can help them feel better from the hurt that is inside them. It is also present in the eventual recollection of both happy and sad memories about Jess and the self-identification by the protagonist survivor saying that they are loved by their parents and they will be OK.

### **Physical Manifestations**

Score: 1 – Minimal

**Rationale:** The surviving sibling does not manifest any physical signs of grief throughout the course of this story. The story primarily focuses on the emotional elements and cognitive understanding associated with the grieving process.

### **Grief Behaviors**

Score: 3 – Proficient

**Rationale:** While the story focuses more on understanding the concept of death and where Jess has gone, the protagonist survivor does display common behaviors of grief. These include crying and being afraid to upset their mother by talking about Jess. This can be attributed to a regression to a state of guilt in which the survivor interprets their grieving actions (i.e. asking questions, talking about the deceased sibling) as annoying or a nuisance to the parents. In this case, the mom responded supportively by encouraging them to speak about Jess and not to be afraid of the emotions she was displaying.

### **Seven Grieving Children**

Score: 3 – Proficient

**Rationale:** The surviving sibling does not exhibit any signs of the seven grieving children because they are sufficiently supported by a positive family environment. This environment encourages healthy grieving and is more likely to be reflective of the target reader's family situation. As long as the family is supportive and provides consistent positive reinforcement in response to the family's loss, development of one of the seven grieving children is not always present.

**Accessibility**

Score: 2 – Fair

**Rationale:** The book is available through grief counseling resources and many grief counselors but access to families seeking help outside of a trained professional may struggle with access to this resource because it is only available in a handful of public libraries throughout the United States. According to Ball State's WorldCat database, only 53 public libraries have cataloged access to this book.<sup>21</sup> It is available for purchase through online marketplaces such as Amazon and Barnes & Noble marketplace.

**Personal Analysis**

Score: 3 – Proficient

**Rationale:** The book did an excellent job of explaining death in concrete and literal terminology that is cognitively appropriate while also patiently answering the questions of the surviving sibling. The illustrations were age-appropriate and I thought it was very unique that it had been illustrated by a 7-year old. I feel that element might make the book more relatable, especially for those who use art therapy to help them grieve. I did think that the book was a little too brief and did not expand upon some concepts such as regressive behaviors or emotions that might be felt by children of that age (i.e. anger, frustration, unfairness, etc.). Overall, the book is a wonderful tool that can help initiate the discussion about death for grieving families and provide basic foundation for a good starting point on how to help the child grieve.

**Total Score:** 22 / 32*Dancing on the Moon*<sup>13</sup>**Erikson**

Score: 4 – Distinguished

**Rationale:** The main character, Carly exhibits both appropriate psychosocial development and regressive behaviors as her life adjusts to having a younger brother and being without him in a short period of time. When Carly's brother is born, she regresses to temper tantrums and separation anxiety rooted in jealousy over the attention he is receiving. After appropriate acknowledgment of the love shared between her parents, Carly and her younger brother Nigel, Carly develops into the appropriate psychosocial stage by displaying initiative as she discovers a sense of purpose. Carly's sense of purpose is found in being a



good big sister to Nigel and making him happy by playing and tickling his neck to make him coo.

Following Nigel's death, Carly's psychosocial state does not regress significantly but she does continue to express initiative as she copes with Nigel's death using imagination and magical thinking to process and accept her loss.

### **Piaget**

Score: 4 – Distinguished

**Rationale:** The premise of this story, *Dancing on the Moon*, centers around Carly's magical journey to the moon to bring her deceased brother Nigel back home because she misses him and their life is not normal without him. This lends itself beautifully to the appropriate cognitive development level of preoperational thought which includes magical thinking and animism. In the context of a dream, Carly uses magical thinking to wish that she could visit her brother Nigel and bring him home. Throughout this dream, many things begin to have animism (life) such as Carly's wings of love, Nigel (he can now talk to Carly), Carly's shirt threads (Nigel is in them), the blankets on her bed, and the wind (Nigel stroking Carly's hair). This animism helps Carly cope with the absence of her brother Nigel and eventually accept his death, resolving that he will live on forever in her heart.

### **Kubler-Ross**

Score: 2 – Fair

**Rationale:** While Carly's grief journey is described in appropriate developmental considerations, only two of the Kubler-Ross stages of grief are addressed throughout the story. Carly experiences the latter two stages of grief: depression and acceptance. Through the 5 year-old perspective, Carly's depression can be seen in her fear and anxiety surrounding the disruption that Nigel's death has caused in her home-life routine (i.e. lots of crying, people dropping by to visit, and sadness of her parents). Carly begins to accept Nigel's death after she journeys to the moon to find him. This exemplifies depression and acceptance.

**Physical Manifestations**

Score: 1 – Minimal

**Rationale:** Carly does not exhibit any physical manifestations of grief and the story focuses on her magical journey to find Nigel so that she can bring him home with her. In essence, it centers on her acceptance of Nigel's death and the coping mechanisms that she uses to restore normalcy in her life following his loss.

**Grief Behaviors**

Score: 3 – Proficient

**Rationale:** Carly's primary grief behavior expressions are wishes for Nigel to come home so that everyone can be happy, her parents can smile and she can play with Nigel once again. This is reiterated in her dialogue with Nigel where she is elated that she has found him and she begs him to come home because her family has been worried and the home quiet without him. Her journey with Nigel also identifies common searching behaviors where the surviving sibling looks for the deceased in an attempt to "find" them and bring them back home. She also expresses fear and anxiety because the period following Nigel's death creates major changes and emotions in her home environment and the instability creates tension she is unfamiliar with.

**Seven Grieving Children**

Score: 3 – Proficient

**Rationale:** Carly's mother presents a very loving support system so Carly does not exhibit any of the signs of the seven grieving children. These children often develop in response to how the family behaves following the siblings death and negative responses are not usually common in families who are supportive and loving. Carly's mother's words about the love she feels for her children and the hugs she gives Carly that are "wings of love" help illustrate the support Carly is receiving from her family following Nigel's death.



**Accessibility**

Score: 3 – Proficient

**Rationale:** While not available for a new purchase, the book is readily available in public libraries and online marketplaces such as Amazon and Barnes & Noble marketplace. According to Ball State's WorldCat database, it is available in 103 public library districts; however, only 2 of those are located in the state of Indiana.<sup>21</sup> Overall, accessibility is proficient for both public access and grieving resources as needed.

**Personal Analysis**

Score: 4 – Distinguished

**Rationale:** The book was well crafted with an imaginative story line that helped appeal to young children with magical thinking ideals and promote positive grieving transitions through family support. The illustrations were beautifully painted with expressive colors that lent to a sense of warm compassion and understanding about Carly's journey to healing with Nigel. A unique component that made the story more relatable was the fact that the plot was based on the real-life experiences of the author's personal grieving experiences including those of her daughter following the death of their young infant son.

**Total Score:** 24 / 32

*This Book is For All Kids, But Especially for Libby. Libby Died.* <sup>14</sup>

**Erikson**

Score: 4 – Distinguished

**Rationale:** Jack, the 5-year-old author of this unique diary-like book, expresses appropriate psychosocial development including subsequent regression following his sister Libby's death. Jack portrays initiative by asking several questions of discovery in order to better understand the world around him. These questions are geared at better understanding what heaven is like and directed at his sister Libby so that she can communicate with him about what to expect in the afterlife. In addition to showing initiative, Jack also displays regression to a previous state of guilt where he expresses his concern about his role in Libby's death: "What if Libby was your first baby, and I was the middle kid? Would it have been me?"

Would I be dead now?" Jack feels guilty that he was the older child and that the birth order may have played a role in Libby's illness and subsequent death.

### **Piaget**

Score: 4 – Distinguished

**Rationale:** From this unique perspective, Jack's cognitive ability appeals to the target audience simply because it is written from the same cognitive developmental level and perspective of how heaven functions. At this phase, Piaget identifies children to be in the preoperational stage that is dominated by magical thinking and egocentric behavior. Additionally, children in this phase struggle with the "broken" nature of death's functionality and they still believe that dead people need to eat, can play with toys, and still need to find a way to live. While Jack understands that in death, you don't need food or have to deal with chicken pox, he still is intrigued by what Libby is doing for fun and if she would like him to bring some action figures to heaven when he dies so they can play together. In addition to believing in the functionality of death, Jack's questions are intertwined with a unique balance between magical thinking and faith principles. Jack has very curious questions about the physical descriptions and mechanics of how angels wings work but also describes that "when you die, you can float through walls and doors" which denotes animism and magical thinking. He also presents illogical thinking by finding humor, like young children do, in the idea that angel's wings could come out of their eyeballs or their butts. Finally, the literality of Jack's preoperational thought can be seen when he attempts to describe the fundamental faith concept of a "new body in heaven" by describing Libby's bones and physical disabilities on earth and how new physical attributes in heaven.

### **Kubler-Ross**

Score: 3 – Proficient

**Rationale:** In its own unique way, Jack's account of his grieving experience identifies his progression through 4 out of the 5 stages in the Kubler-Ross stages of grief. His initial anger is present with the bold opening question, "Did you hear me? She died" which identifies that he is frustrated over her death and he doesn't believe people are listening to him about his account of feelings. From there, it progresses to his bargaining where he attempts to replace Libby with himself in the death equation and wonders if he should have taken her place. Jack's depression is more subtly conveyed through his questions to Libby, one of which he labels as a sad question and it asks how much she loves them and if she misses his family. Finally, Jack's acceptance can be seen when he asks Libby to give God a hug for him because she



is now able to. Overall, Jack's progression through the Kubler-Ross stages of grief makes this book a very unique resource tool for assisting preschool children through the grief process.

### **Physical Manifestations**

Score: 1 – Minimal

**Rationale:** Jack does not manifest any physical signs of grief and the story primarily focuses on his quest to ask Libby several questions about heaven and to gain a better understanding about the “life” his sister is now experiencing in heaven. The account is more about Jack's quest for answers than his physical experience as he processes the grief.

### **Grief Behaviors**

Score: 3 – Proficient

**Rationale:** Jack's primary grieving behaviors are his documented questions about death and the process with which he arrives at acceptance of Libby's death. The account is very unique because it is less of a narrative story but snippets of Jack's grief journey that his mom has recorded to share his feelings about his sister's death. With that being said, more of Jack's grieving behaviors are inferred because the format of the writing is limited. He expresses sadness over Libby's death along with confusion about why Libby was chosen to die instead of him. Finally, Jack's questions about toys and playing with Libby indicate that play is a prominent tool that Jack uses for grieving.

### **Seven Grieving Children**

Score: 3 – Proficient

**Rationale:** Jack does not fit the profile of any of the seven grieving children but it is evident from his questions and his view of Libby's circumstances in heaven that he has been adequately supported and prepared for Libby's impending death. In light of the content in Jack's questions, he is well-adjusting to life without Libby and it appears that his family supports her memory through actions such as releasing balloons on her birthday to commemorate her.

**Accessibility**

Score: 3 – Proficient

**Rationale:** While not available as a new purchase, the book is available through the online marketplaces of Amazon and Barnes & Noble as well as in several public libraries throughout the country. According to the WorldCat database, it is available in 88 public libraries, making it fairly accessible to those who need it.<sup>21</sup>

**Personal Analysis**

Score: 4 – Distinguished

**Rationale:** This book is overall a very interesting read on a tough subject. The perspective is appealing to young readers because it is an honest account of a peer's experience with the death of a sibling. In addition to having a unique perspective, the design of the book was very attractive with font size emphasis, simplistic pictures that are very reflective of a 5-year-old's artistic flare. Personally, I was very impressed with the simplistic faith of the young Jack. His belief and impressions of angels were very characteristic of the "children-life" faith that Jesus preaches about in his testaments. This book can be used to help children and adults grieve alike because it presents grief in a child-like nature that can adapt to all grieving needs. Due to the heavy influence on faith content, this book should be recommended based on cultural considerations about a grieving family's religious preferences and grieving rituals. It may be more appropriate for some cultures and ethnic groups than others.

**Total Score:** 24 / 32*Lost and Found: Remembering a Sister*<sup>22</sup>**Erikson**

Score: 3 – Proficient

**Rationale:** In this recollection of a preschool girl who has lost her older sister, appropriate negative regression of Erikson's psychosocial initiative vs. guilt is represented. The surviving sibling expresses significant guilt over not wanting to talk about Paige in front of her mother because it might make her cry. In addition to not wanting to make her mother cry, the protagonist feels like she is a nuisance and "can't find anywhere to go where [she] wasn't in the way". Additionally, Paige's sister regresses to a previous



state of self-doubt when she is unable to sleep without a nightlight and must now sleep with her door open at night because she doesn't feel safe in the dark anymore. Her previous autonomy of sleeping independently and with a defined sense of security has temporarily regressed.

### **Piaget**

Score: 4 – Distinguished

**Rationale:** While ambiguous and not a recommended way to describe death to the preschool child, the family's use of the term "lost" to describe Paige's death appropriately assimilates with Piaget's cognitive period of preoperational thought. Preschool children often confuse "lost" to mean that the deceased sibling can be found and Paige's surviving sister identifies a desire to discover if she can "find" Paige again. Additionally, the sister's acceptance of Paige's death involves the animism of objects that become and "are" Paige. For example, she wraps herself up in Paige's blanket and as she hugs it closer, the blanket transitions from a reminder of Paige into "Paige" herself; "she was still with me". Also, the surviving sibling describes Paige as a light and metaphorically draws "the light that was Paige".

### **Kubler-Ross**

Score: 3 – Proficient

**Rationale:** While not necessarily in the progressive order of grieving stages, the protagonist and her family experience three of the five stages in Kubler-Ross's stages of grief throughout the course of the story. Following Paige's death, the father manifests significant anger about the loss of his daughter as well as frustrated sadness. Paige's mother and sister both undergo significant depression following Paige's death. Her mother is unable to stop crying and refuses to go shopping in public with the surviving sibling because she does not want face peers and community members who may discuss the subject of Paige. Paige's sister experiences depression because she has no interest in participating in activities that remind her of the fun she had with Paige such as dancing lessons and sleeping in the same bed on the weekends. Finally, acceptance of Paige's death happens as the result of the connection Paige's sister made with Paige's memories through her blanket and artistic therapy. The drawing the protagonist creates as an expression of her grief unites the family and helps them discover that Paige is always with them. Also, once the family begins to accept Paige's death, they are able to see how the community is moving forward with Paige's teacher's personal memorial to Paige and the community's tree that was planted in Paige's honor. Finally, the acceptance of Paige's death can be seen in the protagonist's resolution that Paige has finally been "found"; she was lost and now she has been found, in their hearts.



**Physical Manifestations**

Score: 2 – Fair

**Rationale:** Paige's sister has difficulty sleeping following Paige's death because Paige and her always wore matching pajamas and shared a bed on the weekends. Also, this alteration in sleeping pattern is the result of a decreased sense of security because Paige is no longer there to make her sister feel safe.

**Grief Behaviors**

Score: 4 – Distinguished

**Rationale:** As noted in the Kubler-Ross stages of grief, the protagonist surviving sibling experiences significant depression following the death of Paige. In addition to the disinterest in formerly fun activities and the difficulty sleeping, Paige's sister also experiences a form of depression unique to young children, particularly females. This depression manifests as embarrassment among peers and within the school setting. Paige's sister is embarrassed because when she draws her family at school, her peers discourage her from drawing Paige in the pictures because that is not an accurate representation of her current family. In response to her peers, Paige's sister cries from sadness over the loss of her sister and the changes happening in her family as well as the embarrassment she is experiencing in front of her peers. While Paige's sister may not exclusively experience all of the following grieving behaviors, the illustrations in the book isolate single feelings that define the behaviors Paige's sister or others around her are experiencing. The selected emotions include: guilt, anger, alone and love; other words that are illuminated to describe the world around Paige's sister include: lost, open, who, light, touch and found. Paige's sister feels that Paige was "lost and then found". This sense of discovery is illuminated in Paige's grief journey and the behaviors she expresses. For example, she needed the door open at night and she was lonely on the school bus and didn't know who she would sit with because Paige was missing or "lost". Conversely, she "found" Paige in light and by touching her belongings. Additional grieving behaviors that Paige's sister expresses include profound loneliness and isolation because Paige was a good big sister and took care of her needs. In addition to being lonely, Paige is also scared because her world is changing and she no longer has the safety that her sister provided (i.e. safety at night and a friend on the school bus).



### **Seven Grieving Children**

Score: 4 – Distinguished

**Rationale:** The protagonist, Paige's sister, can be identified as the lonely child, one of the seven types of grieving children identified in bereavement research. Essentially, this child is neglected by their parents in response to the death of their sibling. Often, the neglect is not intentional but the result of improper grieving methods instilled by the parents and other members of the family. For example, in the story, Paige's mother's depression is so overwhelming that she is unable to go shopping in public for back to school clothing for Paige's sister. In this case, Paige's sister's teacher assumes the role of guardian and helps Paige's sister pick out a new dress for the first day of school. In addition to being temporarily neglected, Paige's sister expresses feelings of loneliness and lack of peer relationships at school following Paige's death. Even though her teacher provides community support, Paige's sister is still considered a lonely child because her state is the result of inappropriate grieving and the parent's response to Paige's death. Eventually, Paige's family works through their grief to provide an increasingly supportive environment for Paige's sister and reduce the manifestations of the lonely child.

### **Accessibility**

Score: 2 – Fair

**Rationale:** Even though the book is still in print and can be purchased as a new book from Barnes and Noble, public library access to copies is very limited. According to the WorldCat database, there are only 32 public library districts that report copies of the book and none of the public libraries in Indiana report having access to a copy.<sup>21</sup> The book is available on online marketplaces such as Amazon and Barnes & Noble marketplace. Additionally, it is available from Centering Corporation as a grief counseling resource.

### **Personal Analysis**

Score: 4 – Distinguished

**Rationale:** The book addresses the various stages of grief that a young preschooler may experience while also presenting a realistic portrayal of the grief that the parents might be undergoing as well. I particularly like how it portrays the mother's depression because I feel that this a much understated stage of grieving that can have significant impacts on a young child. It may seem like a normal response to avoid public errands while grieving the loss of a child but to a surviving sibling, it creates a monumental

sense of change and separation between them and their parent. Finally, the book was very appealing and artistic in expression. The isolation of emotional adjectives helped draw the reader's attention to the understated feelings Paige's sister was facing as she processed Paige's death. Overall, the book was a very resourceful tool that can help incorporate several different types of grieving children who have undergone the loss of a sibling.

**Total Score:** 26 / 32



### **Making It Count: Therapeutic Tips for Parents**

- If the death of a sibling is expected due to the course of a terminal illness, take protocols to appropriately prepare siblings for the impending death. These include answering all sibling questions about terminal illnesses, reassuring their fears about the death of a sibling or the “contagiousness” of the illness and providing family care for the ill sibling either in the hospital or home setting.<sup>6,7</sup>
- Always address the factual information surrounding death and its definition – reinforce the concept that death is *not* sleeping and that all elements of the body (breathing, walking, feelings) have *totally* stopped. This should help reduce confusion about the permanence of death but does not eliminate repetition of questions as the child processes the concept of death.<sup>6,7</sup>
- Do not be afraid to express your emotions in front of a child; expression of emotions is a healthy part of the grieving process and will encourage the child to understand that feelings of sadness and crying are natural responses to an event such as death.<sup>6,7</sup>
- Due to the fact that children at this age interpret knowledge literally, avoid the use of vague and abstract phrases such as, “Your brother has gone to sleep and won’t wake up”, “Jesus took your sister to heaven to be with him”, “We lost your brother” or “Sally has gone away”. These phrases can elicit fear about sleeping or death or cause preschoolers to search for the sibling who has become “lost”.<sup>6,7</sup>
- If the surviving sibling expresses guilt over their sibling’s death or indicates a feeling that it was their fault by wishing that the child would go away, reassure them that they are not to blame for the death of their sibling.<sup>6,7</sup>
- Give children permission to grieve the loss of their sibling and encourage them to ask as many questions as they would like.<sup>6,7</sup>
- Answer preschooler’s questions with sincerity, seriousness and factual information. They learn about their environment by asking questions and answering with sincerity facilitates a positive psychosocial development of initiative.<sup>6,7</sup>
- Avoid excluding children from grieving rituals and let them attend the funeral/burial services if they desire. Also, encourage children to interact with family and friends who visit to pay their condolences. Isolating them can encourage feelings of mistrust and confusion about why they are not invited to partake.<sup>6,7</sup>



6 – 9:Erikson Stage:

Erikson describes school-age children as being in the industry vs. inferiority stage of psychosocial development. This stage emphasizes the importance of peer relationships and inferiority may be experienced by surviving siblings whose loss of a sibling now segregates them from their peers and friends.<sup>7</sup> Additionally, industrious school-age children may regress to a state of inferiority if their activities are restricted by grieving parents in an attempt to protect the family from experiencing the death of another child.<sup>8</sup> Initiatives that may be restricted can include participation in anything that may have an associated risk, i.e. crossing the street, riding in a car, riding a bike, playing sports, being left home alone, developing close peer relationships – in which they may feel scared that death may occur. Restriction of these initiatives that are brought forth by the child may result in development of personal doubts of their abilities and inferiority when compared to their peers.<sup>8</sup>

Piaget Stage:

Piaget classified school-age children to be in the cognitive period of concrete operational. With concrete cognitive ability, the child is able to think more logically and has a more altruistic viewpoint of the world which enables them to perceive the views and feelings of others in the world around them.<sup>7</sup> As their logical skills develop, they are intrigued by how things in the world work and questions focus on answering “why” instead of “what”.<sup>1</sup> By exploring why things happen, they are able to develop a better grasp on the concept of cause and effect. In terms of death and loss, they initially link death and monsters together, describing the occurrence of death as when “things come and take you away”.<sup>1</sup> In addition to associating monsters with the cause of death, they also equate death with ghosts and skeletons but they are unable to see how it can personally affect them.<sup>20</sup>

As children develop an understanding of the world around them, they are able to determine that death has other causes such as old age and illness. Even with this knowledge, they still feel that death can’t happen to children because children are young and are able to outrun any monsters that may come to take them away as death does.<sup>1</sup> When a child experiences the loss of a sibling, it shatters their perception that death can’t take children and they become very frightened.<sup>1</sup> As they comprehend this, their view of death broadens enabling them to understand death’s universal impact and that it can happen to anyone.

As they become exposed to the concepts surrounding death and loss, children of this age develop fascination with the ritualistic processes of death including funerals, burials, afterlife, cemeteries, and



decomposition.<sup>1</sup> They may ask many questions about various aspects of death and the family's views on afterlife such as religious preference and heaven. It is important to answer all questions honestly and with concrete factual information that can help them develop knowledge on the subject. Additionally, it is recommended that children of this age attend funeral and burial services because it helps them process the death and begin transitioning into life without the sibling.<sup>7</sup>

### **Physical Manifestations of Grief:**

Physical manifestations of grief exhibited by school-age children can be regressive in nature but tend to intertwine with school performance and peer relationships. Common manifestations include: headaches, upset stomach, enuresis, altered sleep patterns, eating disorders, and attention deficits including lack of concentration and poor school performance.<sup>7</sup> These manifestations may arise as symptoms of depressive reactions to grieving and the child may indicate a lack of interest in attending school or associating with peers.

### **Grieving Behaviors:**

As school-age children have a better understanding of the concept of death, their grieving behaviors become less related to understanding the death and more centered on developing skills to help them cope with the loss and make adjustments in their environment. One of the most common behaviors they experience is isolation and loneliness because the loss of a sibling differentiates them from their peers and they feel as if no one can understand what they are going through.<sup>7</sup> They may experience normal grieving emotions such as sadness, depression, and general unhappiness with their life; these can be attributed to the significant change in their environment and a longing for things to return to a previous state of "normal". In addition to normal grieving feelings, the school-age child may also experience a sense of guilt or regret over previous actions done to the sibling prior to their death or thoughts of desiring a life without their sibling.<sup>7</sup> They may become introverted or shy by internalizing their feelings concerning death or act out with aggressive behaviors in order to cope with the anger and frustrations felt by the death. Some children may choose to deny the death entirely; these children often are suffering from an immense amount of pain and must be given permission to appropriately express their feelings.<sup>6</sup> Still yet other children respond to grief by idealizing their deceased sibling to be "perfect" so that they can continue on with a fantasized relationship with their sibling.<sup>6</sup>

At this age, death is often viewed as something that happens to older adults or very ill individuals. The death of a sibling either younger or close to the survivor's age can elicit new fears and anxiety about



the survivor's own mortality.<sup>7</sup> They now internalize the notion that if death has happened to a sibling, it can happen to other people they know or worse yet, themselves.<sup>6</sup> These fears and anxiety can result in a regression towards an infantile/toddlerhood state of psychosocial separation anxiety, particularly from family members whom they fear they may lose to death as well.<sup>6</sup> They are also aware that death can create significant change and new feelings for them.

### **Literature Review:**

*Since My Brother Died*<sup>9</sup>

#### **Erikson**

Score: 4 – Distinguished

**Rationale:** While Erikson identifies the appropriate psychosocial stage as industry vs inferiority, the protagonist in this book regresses appropriately to the previous psychosocial development stage of initiative vs. guilt following the death of his older brother. Not only does he appropriately regress, but he regresses to the negative component of the stage, guilt. He expresses guilt over not taking action to help prevent his brother from dying and that perhaps he should have been with his brother at the time he died. In addition to wishing he could have prevented his brother's death, the surviving sibling also regrets becoming angry at his brother and that he should have died instead. These reactions to the death of a sibling are very common in children, especially those who are old enough to understand the permanence of death but still struggle with processing why death happens.

In addition to regressing to the psychosocial stage of initiative vs guilt, the surviving sibling's regression extends to the autonomy vs self-doubt stage as his depression intertwines with his responsibilities. When faced with attending school, he would rather become a baby again because babies don't have to think or feel the pain he is undergoing. This regression exemplifies Erikson's theory that when under significant stress, a young child will revert to a previous state of mastered development in order to help cope with the situation.

Finally, while the surviving sibling experiences appropriate regression, he also progresses back into positive psychosocial development of industry as he develops skills in art therapy and painting. Used as a coping mechanism, the protagonist's interest in painting helps him build a sense of industry as he masters various types of painting and illustrative expression. In cases of sibling grief, positive promotion of the appropriate psychosocial stage through therapeutic interventions such as art and bibliotherapy can help the surviving sibling cope effectively.



**Piaget**

Score: 4 – Distinguished

**Rationale:** Cognitively, school-age children are identified by Piaget as being at a concrete operational stage. They still view the world in literal terms but are able to explore more of why things happen through their questions. In this story, the surviving sibling comprehends that death is permanent but he is very concerned with why his brother died and why there wasn't anyone who could have saved him. In addition to examining why things are the way they are, children of this age also associate death with ghosts, skeletons and monsters as well as illness and old age. The surviving brother admits that he thinks often about ghosts and death and he is very scared that when someone around him becomes injured or sick, that they will die just like his brother did.

While being cognitively age-appropriate for the target reader, there is also some cognitive level regression which is very suitable for the grieving child. The protagonist becomes confused over the vague terminology used by others to describe his brother's death. He does not quite understand the meaning or context of these phrases which include: "passed on", "in a better place" or "resting now". Even though children of this age are very fascinated with how death works and why it happens, they still need concrete literal terminology to help them clarify what death actually is.

**Kubler-Ross**

Score: 4 – Distinguished

**Rationale:** This book is an exceptional example of how a young child can progress through the Kubler-Ross stages of grief. It is the first example in children's literature that has been reviewed that incorporates all 5 stages. First, the protagonist denies the death of his brother, saying it couldn't be true and he must have heard wrong. He also identifies the sensation of his brother's death as being like a nightmare. Next, he progresses into the anger phase with expression of anger and frustration. While processing his angry questions toward his brother's death and rationalizing the event, he "bargains" for the ability to reverse his actions and replace his brother in death. While not a traditional adult version of bargaining (asking a higher power for replacement), the inference that he should replace his brother indicates acknowledgement with his conscience that something should change in the events following his brother's death. After bargaining, the protagonist experiences substantial sadness and depression. This depression is manifested in his overall disinterest in everyday life activities and decreased desire to "keep moving forward" For example, he expresses no interest in getting out of bed or going to school and he



feels like his mind is blank, leaving him with no desire to care about anything. He begs the question what's the point of living if you can die anytime? Following depression, he begins the path to acceptance by finding solace in painting and remembering his brother through paintings of him. Eventually, he describes an understanding that while he misses his brother and sometimes experiences hurt, his brother is alive in his mind and heart, completing the grief stages.

### **Physical Manifestations**

Score: 4 – Distinguished

**Rationale:** Besides presenting emotional behaviors and comprehension quandaries associated with the death of a sibling, the surviving sibling also experiences a range of physical manifestations associated with grief. He reports getting stomachaches and headaches on a regular basis as well as sensations of chest pain, shaking knees and watering eyes when thinking about his brother. All of these are common manifestations that school-age children may experience while grieving.

### **Grief Behaviors**

Score: 4 – Distinguished

**Rationale:** The grieving behaviors exhibited by the surviving sibling cover various ends of the grief spectrum from sadness and anger to confusion and muddled feelings about his brother's death. He also has a great deal of anxiety and fear concerning additional deaths of ill family members and being alone at night in the dark. His fear even extends to his brother's memories and he is very afraid that as time goes on, he will forget what his brother looked like and even his mannerisms that made him his brother. He soon discovers that he can remember his brother through object association; when he sees his brother's baseball hat, he remembers borrowing it and the time they spent together playing catch.

Additionally, the muddled feelings of bouncing between happy and sad is also very common behavior for young school-age children who must take frequent "breaks" from grieving to process their mourning. This creates a mixed-up sensation for the child and can be frustrating for parents because children may seem well-adjusted at one point and then struggle with grief and mourning again abruptly. It is important to be supportive of the child and allow them to process their grief on their own time-table.



**Seven Grieving Children**

Score: 3 – Proficient

**Rationale:** The surviving sibling does not meet the description of any of the seven grieving children and there is evidence for positive parental support within the home. His parents encourage him to paint because they recognize that it makes him feel better and cope with his brother's loss. They also reinforce the normalcy of crying and painting as acceptable measures of expressing grief which indicates that they are providing adequate grief resources and understanding to support him through the stages of grief. Parental support is the goal of an appropriately grieving family, especially one in which the loss of a child and sibling has occurred.

**Accessibility**

Score: 2 – Fair

**Rationale:** While the book is available as a new purchase and online marketplaces such as Amazon and Barnes & Noble, it is not readily available through public library access. According to the WorldCat database, only 19 libraries in the United States have copies of this book.<sup>21</sup> The book is also a Centering Corporation grief resource and is available through grief counseling centers.

**Personal Analysis**

Score: 4 – Distinguished

**Rationale:** This book encompasses all of the various aspects of death including emotional mood swings, the 5 stages of Kubler-Ross grieving, and effective coping mechanisms used to transition into life without a sibling making it relatable and a good resource tool. As a Centering Corporation grief resource, it is very well appropriated to the targeted reader's cognitive and developmental levels. The illustrations are very appealing and colorful while also realistic to how a grieving sibling may physically appear throughout the various phases of grief. An additional bonus is that the book is bilingual and the entire transcript is presented in both English and Spanish. This is a very unique feature and I wish that the book was more accessible through the public library market because it could be an amazing bridge for grieving siblings who families may speak little English. Finally, the book was prefaced with both an English and a Spanish guide to help parents approach grieving children appropriately and therapeutically.

**Total Score:** 29 / 32

*Always My Brother*<sup>11</sup>**Erikson**

Score: 4 – Distinguished

**Rationale:** Following the death of her older brother John, Becky regresses from a state of psychosocial industry to feeling inferior about her soccer skills. She no longer takes interest in becoming the goalie John wanted her to because that was an activity they shared together and she doesn't feel that she has the skill set, reverting her previous industry to inferiority. Additionally, she feels isolated from her peers because they don't know what to say to her and she doesn't know how to interact with them since the death. Eventually, as Becky begins to accept John's death, she restores peer relationships and develops a sense of industry concerning her soccer skills. She begins to enjoy activities with her friends such as birthday parties and is able to strengthen her goalie abilities so she can play for her local soccer team.

**Piaget**

Score: 3 – Proficient

**Rationale:** The book is at an age-appropriate reading level with varied sentence structure and developmentally appropriate content – i.e. sports, peer relationships, missing family dynamics – while still meeting the concrete operational needs of school-age children. It does not present with any ambiguous references to death or vague terminology that may confuse the target readers. Cognitively, Becky understands the permanence of death but struggles with the dynamic changes that occur in her family. She can't understand why things are unable to return to "normal" and why everyone can't act the same as before her brother's death. The change she is experiencing is not limited to her home environment because she is unable to understand why she is unable to connect with her peers following the loss of John. These cognitive struggles are very common for school-age children as they process the abstract concepts of death and grieving in a very concrete way.

**Kubler-Ross**

Score: 3 – Proficient

**Rationale:** Becky's journey through the Kubler-Ross stages of grief is not well defined but three of the five stages can be identified in her behavior. Becky becomes a mixture of angry and sad when John's favorite pizza is served for dinner and she remembers him; she slams her door in response to this



frustration. Her depression is evident in how she feels about soccer since John's death and her abrupt disinterest in something that she previously loved. Finally, Becky resolves acceptance of John's death as she begins to enjoy peer activities such as birthday parties, no longer feels sad when she looks at pictures, and regains interest in playing soccer. Her acceptance is complete when she tries out for the goalie position on her local soccer team and realizes how proud John would be of her for what she has accomplished.

### **Physical Manifestations**

Score: 1 – Minimal

**Rationale:** Becky does not manifest any physical symptoms of grief; the story chooses instead to focus on her journey through depression and acceptance of her brother's death with a renewed interest in soccer, the sport they shared.

### **Grief Behaviors**

Score: 3 – Proficient

**Rationale:** Becky exhibits normal sadness and anger over the loss of John but also distinctive behaviors that are common in her age range. For example, Becky's isolation from her peers at school and at activities such as birthday parties is very common because it is hard to relate to the loss of a sibling when one has not experienced it. As Becky accepts John's death, she begins to reengage in peer activities and enjoys a birthday party. Following her happiness, she regresses to a previous state of psychosocial development where she feels guilt over being happy when John is dead. Her mom reassures her that John would want her to have fun and enjoy time with her friends; accepting that is a way she can honor John. Overall, Becky's behaviors are very common of both adults and children which makes the book relatable to school-age children but also older children who are preadolescent and have a little more abstract thinking.

### **Seven Grieving Children**

Score: 3 – Proficient

**Rationale:** Becky does not display any of the characteristics of any of the seven grieving children and parental support is appropriate. For example, Becky's mom tells her that it's okay to laugh and that John would want her to enjoy herself with her friends because he liked to make her laugh. She also reassures

her that no matter what, John will always be Becky's brother. This type of support reinforces positive grieving manifestations and decreases the risk that Becky will develop any of the characteristics of the seven types of grieving children.

### **Accessibility**

Score: 4 - Distinguished

**Rationale:** The book is available as a new book purchase from national booksellers, is available on online marketplaces such as Amazon and Barnes & Noble marketplace and has adequate copies available through public library access. According to WorldCat database, the book can be located in 237 public library districts internationally including 8 in the state of Indiana.<sup>21</sup>

### **Personal Analysis**

Score: 3 – Proficient

**Rationale:** While Becky was a developmental and cognitive match for the targeted readers, the book lacked explicit connection of Becky's journey into comprehending and dealing with the loss of her brother. It summarized the grief process but neglected to define specific examples of manifestations that grieving children may experience such as trouble comprehending why the death would occur or fears that someone else may die. It is a good resource for initiating conversations about the loss of a sibling but more in-depth grieving resources may be needed depending on the situational reactions of the child. Despite being simplistic, the book's public library access encourages the taboo subject of sibling death to be readily available for grieving families. Finally, the book is written based on the personal accounts of the author and her daughter following the death of their teenage son which provides a unique perspective and could account for the more narrative plot.

**Total Score:** 24 / 32



*The Empty Place: A Child's Guide through Grief*<sup>16</sup>**Erikson**

Score: 4 – Distinguished

**Rationale:** In the industry vs inferiority psychosocial stage, the peer relationship takes on a new importance and defines how the school-age child relates to the world around him. In this story, the 3<sup>rd</sup> grade protagonist exhibits how a positive peer relationship can help facilitate constructive development of coping mechanisms and acceptance of a sibling's death. Unable to relate to peers his own age who avoid spending time with him because they don't understand his loss, he develops a kinship with his babysitter Betsy who has also experienced the loss of her brother. She is able to guide him through his feelings and validate that they are all very normal reactions following the death of his sister Jennifer. She encourages him to keep a notebook describing his feelings towards Jennifer in order to help him process her death.

In addition to developing peer relationships and a progressive sense of industry, the protagonist also displays appropriate regression to a previous state of psychosocial development. He expresses guilt over the death of his sister and his previous actions towards her when she was alive, feeling sorry that he hit her really hard at Thanksgiving when she ate all of the stuffing. This guilt is a common manifestation in children at this age and with regression under stress.

**Piaget**

Score: 3 – Proficient

**Rationale:** At this phase, children operate at a concrete cognitive level but are beginning to understand abstract concepts such as the universality of death. As children begin to grasp this concept, they fear that in addition to the loss they have already experienced, they will lose other close members of their family such as their parents or worse yet, they themselves will die. The protagonist in this story experiences these fears and is very afraid that his mother, father or even he will die. Additionally, at this age, children often ask a lot of questions about why death is the way they are and the science behind how things work. While the surviving sibling in this story doesn't explicitly ask any direct questions, his peer friendship with Betsy reveals answers to questions about sickness and his role in his sister's death. Betsy reassures him that most people who get sick will likely get better and that sickness doesn't always mean permanent death or loss of a loved one. Also, she alleviates his guilt over the way he treated Jennifer before she died by explaining that all brothers and sisters fight with each other; however, fighting with Jennifer did not make her die. Overall, the cognitive content of the story is appropriate for school-age children because it

simplistically describes the feelings associated with grief while addressing common concerns that they may have about the science behind things.

### **Kubler-Ross**

Score: 2 – Fair

**Rationale:** The protagonist 3<sup>rd</sup> grader experiences two discernible phases of Kubler-Ross's stages of grief: depression and acceptance. His depression is described as an "empty" feeling in his family, kitchen, backyard, car, and in the middle of his house. The normalcy of his depressive reaction to his sister's death is reiterated through his peer relationship with his babysitter Betsy. She shares her grief story with him which includes the same empty feelings he is experiencing as well as the same fear, loneliness, and family dynamic changes that he is experiencing. This is important because children need to understand that depression is an okay feeling to have following death. Eventually, through positive reinforcement and guidance from Betsy, he is able to accept Jennifer's death. She reminds him that is okay to spend time in Jennifer's bedroom with her belongings and looking at pictures of her to help him remember the good times with her. His acceptance begins with acknowledgement that in time, he will be able to share jokes and riddles with his parents again and maybe even go on trips again. After this acknowledgement, the most effective resolution of acceptance that he displays is the utilization of a journal notebook to help record his feelings for Jennifer. This journal gives him a hope for the future and helps him secure a place to express the feelings he is struggling with inside.

### **Physical Manifestations**

Score: 1 – Minimal

**Rationale:** The protagonist does not experience any significantly discernible physical manifestations associated with grief. His reflection is primarily based on the emotional and relationship aspects of the grieving processes.

### **Grief Behaviors**

Score: 4 – Distinguished

**Rationale:** The surviving sibling portrays a wide range of grieving behaviors and describes very common emotional struggles including sadness, anger, guilt and loneliness. The overall theme of his grief reactions centers on his journey to cope with and resolve the emptiness in his life; this state can also



be labeled as functional because the child is attempting to develop appropriate coping skills in order to adjust to his environment. In addition to feeling sad and angry following Jennifer's death, the surviving sibling also experiences fear and anxiety that death will soon find him or his parents. This fear is very common as school-age children develop an understanding of the universality of death and that death happens to everyone not just ill or elderly people. Additionally, he feels guilty over how he treated Jennifer before she passed away and that if he had not fought with her, then she might still be alive. Overall, the story focuses on the emotional behaviors associated with the grieving process and adequately represents the various forms that grief may take on in school-age children.

### **Seven Grieving Children**

Score: 4 – Distinguished

**Rationale:** The surviving sibling can clearly be identified as the lonely child in the seven types of grieving children. The lonely child is often found to be neglected on some level (i.e. social, physically, emotionally) by their parents and/or other family members. They also often turn to pets as a source of companionship because they are so lonely. In this story, the protagonist clearly feels that no one in his family has time for him anymore and the illustrations paint a picture of familial social neglect by depicting the surviving sibling isolated from his parents. Also, when discussing companionship such as a new sibling, he agrees that would be nice but also expresses a desire for a dog as a pet. His yearning for a dog identifies the role that having a pet would play in the lonely child's life and he admits that if he had a basset hound, he would take care of it and maybe wouldn't feel so lonely. Overall, the surviving sibling is emotionally neglected and has developed a strong bond with pets, identifying characteristics of the lonely grieving child.

### **Accessibility**

Score: 4 – Distinguished

**Rationale:** The book is available for purchase as a new book through national retailers, is available through online marketplaces such as Amazon and Barnes & Noble marketplace, and has adequate public library access. According to WorldCat, there are 208 libraries internationally, including 12 in the state of Indiana that offer access to the resource.<sup>21</sup> It was also selected by the Parent Council as a good grief resource.

**Personal Analysis**

Score: 2- Fair

**Rationale:** The book did a great job of identifying the emotional journey of grief that a school-age child would experience including the state of emptiness and the importance of peer relationships to children of the 6 – 9 age range. It also did identify one of the seven grieving children which has not appeared to be a very common trait in the literature, so it would appeal to those target readers who may be identifiable as one of those children. The book was cognitively appropriate and agreed with target readers' comprehension of death but neglected to directly address common questions children of this age may have or the associations they may make with death (i.e. monsters, illness, age, skeletons, and ghosts). Additionally, the illustrations were very dull and gray which while they could reflect the empty mood a grieving child may be experiencing, they tend to be less appealing and attractive to a target reader. The story was also very dated with the associations made to the reader (i.e. tape recorder, records, talking on the phone, script writing, etc.) which could make the characters less identifiable with 21<sup>st</sup> century grieving children. Overall, the story did a wonderful job of describing emotional aspects of grief but could have had some improvement on overall attractiveness and relatability.

**Total Score:** 24 / 32*A Little Bit of Rob*<sup>17</sup>**Erikson**

Score: 3 – Proficient

**Rationale:** Lena is appropriately psychosocially developed by displaying industrious advancement in her skills of crabbing and helping with the family business. These skills are positively reinforced by her family and her accomplishments are compared to her late brother Rob's skills, making her feel proud for her achievements. Lena does not display much psychosocial regression while in the grieving process but this could be because the story takes place a month into the grieving cycle and focuses on the family's first attempt to return to normal life after grieving. Additionally, the story chooses to focus on Lena's industry but neglects the importance of peer relationships at this age. However, despite not incorporating peer relationships, it still does a good job of identifying appropriate psychosocial development for the target reader.



**Piaget**

Score: 3 – Proficient

**Rationale:** Lena is able to comprehend the feelings of her family members including their reactions to the loss of Rob; she translates this understanding by controlling her own emotions and refusing to cry when reminded of Rob so as not to upset her parents. While this is not necessarily an example of healthy grieving, Lena's behavior is very appropriate for children in the concrete operational stage because they now have an altruistic view of the world and are concerned with how others might react to certain actions. Additionally, Lena understands that Rob is not coming back but still embraces the memories that are elicited when she visits the cabin of their crabbing boat. Upon finding and wearing Rob's sweatshirt, Lena demonstrates appropriate cognitive regression and association with animism (objects have life and feeling) as she connects to Rob via the sweatshirt, identifying it as a "little bit of Rob". She even feels like Rob is with her on the boat with his arms around her, helping her trap the crabs. However, even though Lena's journey includes appropriate cognitive expression and regression, it does not reflect comprehensive inquiry about what death is or new thoughts about the universality of death which is very common in school-age children.

**Kubler-Ross**

Score: 1 – Minimal

**Rationale:** Of the five stages of grief, only acceptance can be clearly identified in Lena's story. While Lena experiences sadness over the loss of Rob, she is primarily arriving at the acceptance phase of grieving. This can also be said for her parents as well because throughout the course of their crabbing journey, they discover that "a little piece of Rob" will always be with them by sharing his sweatshirt and the memories of his crab catching skills. Additionally, they transition from refusing to acknowledge Rob's death to realizing that he will live on in their hearts and always be a part of their life if they choose to remember him. This realization begins the acceptance stage of grief for Lena and her family.

**Physical Manifestations**

Score: 1 – Minimal

**Rationale:** Lena does not experience any significant physical manifestations of the grieving process. This story instead focuses on the journey of acceptance of Rob's death for both Lena and her parents as they begin to return to their normal lives of nighttime crabbing.

**Grief Behaviors**

Score: 3 – Proficient

**Rationale:** In this story, Lena's grieving behaviors are not as clearly outlined as other pieces of literature but she still experiences common manifestations such as fear, loneliness, sadness, and isolation. She feels lonely and isolated when she compares the distance of the city lights to the distance Rob seems from her and her family as well as when the crabbing boat passes a happy, party boat, Lena feels alone and isolated from any feelings of joy. Her sadness is reflected when memories of Rob linger around the cabin including his sweatshirt; Lena admits that she wants to cry but doesn't because she is afraid of upsetting her parents. Lena's is very afraid to speak about Rob because she doesn't want to upset her parents and make them cry, so she tries her hardest not to express any emotion about their loss or say his name. Lena's fear is not exceptionally uncommon in school-age children even though their fears are primarily focused on the possibility that death may happen to them or other close family members.

**Seven Grieving Children**

Score: 4 – Distinguished

**Rationale:** Even though the situation resolves itself by the end of the story, Lena has characteristics that are clearly discernible as the haunted child in the seven types of grieving children. No one in her family talks about Rob's death in an attempt to be strong; they are trying to pretend that nothing has changed at all. She feels that she can't cry when confronted with memories of Rob because then she would not be as strong and make her family lose strength as well. Also, she catches herself when she starts to say Rob's name after she traps the same amount of crab that he often caught; she is afraid to bring up his name and abruptly stops recalling his past achievements. It is at this point that Lena's parents begin to reach acceptance of Rob's memory and encourage her to embrace these memories of him as they break the barrier that has prevented them from speaking about him. Even though Lena is not permanently a haunted child, her family dynamic is a very accurate portrayal of the grieving processes that many children may experience in their homes and this helps the reader connect with her.



**Accessibility**

Score: 4 – Distinguished

**Rationale:** While the book is not available as a new purchase from national retailers, it is available on online marketplaces such as Amazon and Barnes & Noble marketplace as well as widely available through the public library systems. According to WorldCat, there are 307 public library districts internationally that offer access to this resource.<sup>21</sup>

**Personal Analysis**

Score: 2 – Fair

**Rationale:** While I loved the plot of this story and the watercolor illustrations were very attractive and appealing, the story did not meet an exceptional amount of criteria to appeal to all target readers who are grieving the loss of a sibling. Its primary focus is on the final stage of the grieving process, acceptance, which makes it a great resource for those who have begun to comprehend the loss of their sibling and are ready to initiate the process of returning to day-to-day living. However, it does not address very many of the thought processes or behaviors that lead up to acceptance so it would be difficult to relate to for children who have not yet begun to process death or the loss their family is experiencing. Overall, this book had a very unique perspective and plot which made it enticing but its content did limit its resourcefulness to all target readers.

**Total Score:** 21 / 32*Am I Still a Big Sister?*<sup>19</sup>**Erikson**

Score: 4 – Distinguished

**Rationale:** The protagonist displays appropriate psychosocial development of industry as well as regression to a previous state of the mastered initiative as she tries to understand the world around her including the death of her sister. This regression is not necessarily a negative regression because the protagonist does not engage in specific regressive behaviors such as loss of autonomy in toilet training or feeding habits but does experience some psychosocial regression as to her exact role in the family. She copes with this regression by asking very insightful questions to help her discover how to cope with this



life change; these questions focus on understanding death as well as redefining her role of big sister since she no longer has a younger sister. In addition to appropriate grief regression, the surviving sibling also displays appropriate industry psychosocial development through her peer relationships. She utilizes her relationship with Daniel and his family to help her cope with the fear and anxiety she was experiencing when Rachel was initially hospitalized. Throughout the story, her family positively supports her psychosocial transitions from mastered to regression back to mastered stages by considerately answering her questions and encouraging her to participate in the funeral services. These are all appropriate measures that should be taken when approaching school-age surviving siblings; parents need to answer all of their questions as truthfully as possible and help them achieve closure through funeral and burial services.

### **Piaget**

Score: 4 – Distinguished

**Rationale:** Cognitively, the surviving sibling's behaviors match the age-appropriate stage of concrete operational while also reflecting stress regression in thought patterns and behaviors. For example, the protagonist maintains an altruistic view of the world by expressing her concern over the well-being of Rachel as well as genuine consideration for her dad and how he is feeling. However, despite this ability to understand and perceive the feelings of others around her, she concurrently experiences regression into an egocentric cognitive stage. This can be seen when she is unable to understand why Mom was at the hospital and not at home with her and in her possession of Rachel, claiming her to be "my sister, no one else's". In addition to personality regression, the content of her death inquiries bounce between preoperational and concrete cognitive ability as well. Her initial questions about death are preoperational because they focus on fundamental needs and whether or not death will meet those for Rachel; the needs include if Rachel will have enough to eat, when she is going to visit them and is she hurt in death. Once these questions are addressed, the surviving sibling's thought pattern shifts to understanding the more concrete ritualistic aspects of death including the funeral and life following the death of Rachel. Eventually, her preoperational and concrete ideology morph together as she asks the very abstract question: am I still a big sister? With validation from her mother, her cognitive regression is resolved and she returns to a more concrete stage by understanding that her actions can impact other people's lives; she identifies that using Rachel's death as an excuse to behave badly is not a morally okay thing to do and her mom often calls her out on it, indicating that she has returned to an altruistic perception of the world. This cycle of regression is very common in children as they grieve; they tend to bounce back and forth between periods of understanding and confusion. It is really good that the book identifies this because it



is exactly how some target readers may feel; stuck between understanding and also still having questions about their life and new roles in their family.

### **Kubler-Ross**

Score: 1 – Minimal

**Rationale:** The only really discernible stage of the grieving process is that of anger. The protagonist identifies being angry with Rachel for dying and splitting up the ‘The Girls’. She doesn’t think it is fair that Rachel died and left her alone, unable to fulfill this role that their mother had designated for them.

### **Physical Manifestations**

Score: 1 – Minimal

**Rationale:** The surviving sister does not manifest many physical signs of grief but instead focuses on understanding what the loss of her baby sister Rachel means for her and her family, including her role in the family as big sister.

### **Grief Behaviors**

Score: 3 – Proficient

**Rationale:** In this story, the surviving sibling conveys appropriate grieving behaviors of anger, frustration, sadness, and loneliness over the loss of her sister Rachel. The biggest struggle that the surviving sibling faces is adjusting to her new role and redefining her role as a big sister. This is a unique perspective as it offers a glance at how the surviving sibling is coping with the changes at a personal introspective level. Additionally, she shows appropriate grief regression in her behaviors by asking a “zillion” questions about Rachel’s hospitalization, illness, and death. She focuses on understanding what death is (loss of functionality, don’t need to eat, can’t visit, etc.) which is regressive because most school-age children would cognitively approach death with “why” questions. Her regression in grieving behaviors may help target readers identify with her experiences and compare them to the struggles they are undergoing.

**Seven Grieving Children**

Score: 3 – Proficient

**Rationale:** The protagonist does not exhibit any manifestations of any of the seven grieving children. Her family addresses all of her questions and encourages her to engage in appropriate ritualistic practices that can help aid in the transition process in coping with the loss.

**Accessibility**

Score: 2 – Fair

**Rationale:** The book is accessible through online marketplaces such as Amazon and Barnes & Noble marketplace but has very limited access through public library districts. According to WorldCat database, only 8 public library districts offer copies of this book.<sup>21</sup>

**Personal Analysis**

Score: 2 – Fair

**Rationale:** While this book is great at describing the regression that many grieving siblings may experience and can appeal to target readers, the book's visual aesthetics are less than pleasing. The black-and-white illustrations do not appeal visually to readers and make the story less relatable to the vibrant colors that so many 21<sup>st</sup> century children are used to. Additionally, the story is very outdated in both toys and hospital protocols. Most 21<sup>st</sup> century target readers would not identify with a Cabbage Patch doll or open-concept pediatric hospital rooms because they are archaic concepts. The story did have a personal influence in its construction and development: the protagonist is based on the author's older daughter's reactions to the death of their infant daughter Rachel. This adds for an interesting concept because the title was copyrighted as her daughter's question years before the book was designed and published. Overall, while the story has principle concepts appropriate for the grieving child, its design and artistic appeal were not exceptionally attractive to target readers.

**Total Score:** 20 / 32



**Making It Count: Therapeutic Tips for Parents**

- Address the death in concrete terms as soon as possible and the amount of information given should reflect each child's individual comprehension ability.<sup>6,7</sup>
- Encourage the surviving sibling(s) to attend the funeral and burial rituals, being sure to answer any questions they may have about the processes or death in general.<sup>6,7</sup>
- If a child appears to be in denial, reassure the child with comfort measures but also give them permission to grieve; it is important to encourage them that everyone is experiencing pain and hurt and that we can all support each other through this time.<sup>6,7</sup>
- Monitor children for episodes of idealization and remind the child that the sibling was loved for who they really were and that they weren't perfect.<sup>6,7</sup>
- Children may take breaks from grieving and mourning to help them process the death. They may appear well-adjusted for several weeks and then become abruptly upset over the loss of their sibling. This may happen in response to birthdays, holidays or other very important milestones. It is important to encourage them to express their feelings and try to prepare them for these milestones so that the grieving process is easier.<sup>6,7</sup>
- Remembering the sibling in both positive and negative is very beneficial and parents should urge surviving siblings to share these memories. This could be in the form of writing, creating a memory book, picture albums, or other symbolic measures such as a garden to memorialize the deceased sibling.<sup>6,7</sup>
- Identify any local support groups for school-aged surviving siblings and encourage the child to attend. Groups like these can provide a safe environment to grieve while facilitating positive peer relationship promotion with others who can understand the emotions and feelings they are experiencing.<sup>6,7</sup>



### **Literary Access & Demand:**

When addressing the access and need for literature for this target reader group, it is important to evaluate public access data and content relativity to 21<sup>st</sup> century children. For the literature reviewed, public access was fairly sufficient with an average of 81 public library districts offering copies of these books. The high end of that data had 127 international districts with reported copies while the lowest scored book only reported 32 districts with reader access to copies of the material.<sup>21</sup> All of the content is available for public purchase through online marketplace which is a good resource for grieving families, but public access could facilitate improvement. In times of grief, many families often neglect to include children in the familial grieving process because they have misconceptions about how much information children can handle.<sup>12</sup> When this happens, public access to grieving resources is of the utmost importance because other relatives, teachers, and community members can help guide the child through the dark process of grief by accessing this content. In addition, many families may know that they need to help their child grief but are unsure of how to initiate the communication process; in this case, having these fictional resources available in public libraries can help families of all socioeconomic backgrounds and those who may not have access to professional grief counseling resources where many of these books can also be found. Overall, while access is fair, public access to grief resources for children between the ages of 2 and 5 needs greatly improved. In the 6 -9 age range, public library access was a bit more varied and widespread. On average, copies of the book could be found in 156 public library districts. However, this number is very misleading because there were some significant outliers in accessibility for these books. Two of them could only be found in 8 and 19 library districts respectively while the other three could be found in 237, 208, and 307 public libraries around the world.<sup>21</sup> This gap signifies that there is a significant problem in public access to literature for the school-age child. This is exceptionally disheartening because public schools should have access to these resources for their children. According to Andrea Warnick, while the benefits of including children in open, honest discussion about death is known, very little parents have access to this information.<sup>18</sup> Hopefully by uniting health care professionals in the clinical setting and those in the school settings, this information and resources can be distributed to the grieving families in order to reap these benefits.

As was mentioned earlier, a child's developmental level must be *considered* when addressing concepts related to death and dying and in order for bibliotherapy to be effective, the books must also relate to the child's developmental level.<sup>12</sup> However, it is important to remember the fluidity of both psychosocial and cognitive stages; a grieving child may transition and regress between stages frequently while attempting to comprehend death. This is especially evident in the variety of the manifestations and behaviors that the characters experience in the ten books that were reviewed. Target readers need to see



this variety and exposing them to different scenarios of sibling grief can be accomplished through the literature available on the market. In this way, the reviewed literature meets that need; all of the books described varied developmental considerations including regression and appropriate cognitive level for various readers. In both age classifications, 2-5 year-old and 6-9 year-old, the literature reflected appropriate but varied developmental considerations which lends the literature to a wide variety of individual children based on their unique developmental needs. Additionally, appropriate grieving behaviors and manifestations were addressed in several pieces of the reviewed literature. Overall, the reviewed literature met the need for developmental consideration.

In addition to developmental consideration, the literature must also meet the need of content relativity and relatability in order to appropriately meet their needs. According to Marsha Riely, the books used in bibliotherapy are to be selected to match the individual child's unique needs in order for them to benefit the most and identify with others.<sup>12</sup> In this way, children's literature geared towards grieving children needs to cover a wide variety of circumstantial deaths that 21<sup>st</sup> century siblings may experience in order to be relatable to the target readers. Examples of this include: terminal illness (cancer), SIDS, car accident, accidental injury (falls, firearms, etc), drowning, homicide/suicide, and burn injuries. This list is general recommendations for content suggestions based on the Center for Disease Control's 2016 statistical report of childhood death causes between the ages of 0 – 14 in 2014.<sup>2</sup> Unfortunately, post-millennial children have seen an increase in violent death as the result of national tragedies like the Sandy Hook and Townville Elementary school shootings and this shift in death circumstance needs to be reflected in appropriate literature for grieving siblings.<sup>7</sup>

In the ten reviewed stories, five of the siblings died from illnesses while five of them did not explicitly describe a cause of death. While it is true that there is a need for literature concerning a sibling lost to terminal illness, other types of death circumstances should also be included in children's literature. For example, there needs to be literature available to children who have lost a sibling in a traumatic manner such as car accident, homicide or accidental injury because these children can cope differently than those who progressively watch a sibling decline through illness. According to Riely, children who lose siblings due to "catastrophic events" are at a higher risk for psychiatric disorders.<sup>12</sup> It is important that children's literature begin to address BOTH the needs of children who are experiencing anticipatory grieving and those who lose a sibling unexpectedly. In addition to an expansion on death circumstance content, there is also an increased need for generalized literature that does not address HOW the death occurred but the feelings and understanding of death itself. Both types of literature should be included in a grieving library because each child may require different types of biblio support. For example, one child could be struggling to identify with peers because no can relate to losing a sibling in a car accident; in this case, a circumstantial content book would be appropriate. Conversely, a child who is struggling



with the questions they may have about death could benefit from a more generalized story that concentrates on conceptual relatability for the child. Overall, the reviewed literature did not meet the need for varied death circumstances and this is an area that can be designated as content improvement need.

In addition to varied content that meets individual needs, another avenue that needs to be considered in determining literature appropriateness is character depiction of the various types of grieving children. According to P. Gill White, young children often model their responses to loss after seven distinct types of grieving children: the haunted child, the overprotected child, the lap child, the replacement child, the lonely child, the “legacy” child, or the scapegoat child.<sup>20</sup> Researchers have identified these prototypes to help describe the various emotional, behavioral, social and familial structure experiences that a grieving child may have following the loss of a sibling. While these may be common responses, the development of one of these types of children is greatly dependent on how the family reacts to the loss and the support that the child receives. Upon reviewing the literature, it was expected that more of the children would be characteristically identifiable with one of these seven types of grieving children but this hypothesis was contradicted. For example, only three of the ten reviewed pieces identified any discernible characteristics of the seven grieving children. This is likely due to the fact that development of a “grieving type” of child is considered a negative outcome within the grieving process and it is recommended that grief resources encourage positive family support and communication concerning the sibling’s death. Due to this reflection, the grading system for the literature was adjusted to include a proficient score for pieces that illuminated a positive family support system without any discernible elements that can be classified as one of the seven types as well as those that may indicate positive characteristics within their characters. While the literature did meet the need for depiction of strong family support and open communication, it is also important to address the need for literature that also depicts some of the types of grieving children as well. This is needed in order to increase relatability to target readers; for example, a grief counselor may use bibliotherapy to assist a child who can be identified as one of the seven types (i.e. a lonely child) and if the character also reflects these qualities, they can relate to them much easier. Overall, the literature encourage positive support and communication within families but improvement would be suggested in including more children who can be categorized as a type of grieving child to increase therapeutic benefits.

Finally, when addressing the needs of the literature, in order for them to have increased relatability, the characters and pop culture references need to synchronize with 21<sup>st</sup> century ideals. For example, the toys and technology references made by the characters need to be synonymous with the technology and toys that post-millennials would have and peer activities that they would engage in. This is a major deficit in the reviewed literature – i.e. there are references in several of the books for the 6 – 9



age range that include: tape recorders, Cabbage Patch dolls, script handwriting and open-concept hospital rooms. None of the aforementioned things are relatable to most 21<sup>st</sup> century children because they are outdated and not common any more. Literature needs to be written that includes smart phone technology, tablets, and video games as peer activities and things that may miss sharing with their deceased sibling. Due to this deficit, the need for more modern children's literature publications also arises. Of the ten books reviewed, three of them were over 20 years old and four of the remaining seven were over ten years old. Only three of the ten books reviewed have been published within the last 9 years and only one was not revised from a previous edition. This is concerning because it means that there is a lull in the literature being published and as identified earlier, there is a great need for literature that directly engages children in the grieving process.<sup>18</sup> Therefore, in order to meet this need, health care professionals need to encourage the publication of such literature and in more modernized, appealing formats. For example, one suggestion for literature improvement could be publication of electronic E-books that can be read on tablets and other smart devices and readily downloadable for families and children in need. In addition to e-book formatting, a general overhaul of the hard book forms to include more relatable content, better graphics and easier-to-read formats like graphic novels could be introduced into mainstream culture. Overall, there is a great need for more updated and content appropriate literature for children who are grieving the loss of a sibling.

### **The Role of the Registered Nurse & Practitioner:**

While the analysis and understanding of children literature may seem like it serves more purpose in the classroom setting, use of bibliotherapy and appropriate grief resources to assist surviving siblings and their families through the grief process fluidly transitions into the healthcare setting with ease. It may seem more appropriate for qualified grief counselors and therapists to administer prescribed therapy routines for grieving children while the nurse's scope of practice and responsibilities culminate at the bedside but this is far from the case. The role of the registered nurse and associated health care practitioners is interdisciplinary and multifocal when assisting in the facilitation of grief for families who have suffered the loss of a child. According to Valerie Machajewski and Rebecca Kronk, the [family nurse practitioner] is "ideally poised as a family caregiver to assist in development of programs that aid the child's journey through the grief process within the bereaved family".<sup>7</sup> Additionally, the role extends beyond the surviving sibling to care for the family as a whole unit as they journey through their grief. Due to the multimodality and interdisciplinary aspects of grief facilitation, each case and family is unique in how they present and react to the stages of grief, presenting individual challenges for the nurse. However, despite the distinctive differences between each case, there are still fundamental interventions that can help define the role of the RN and family practitioners in grief assistance. For quality patient care, the primary focus of these interventions is on education, social support, and therapeutic intermediation.

### **Education:**

#### **Personal Education:**

- It is important to understand that children's concept of death is directly related to their mental and developmental age. This should be a starting point for discussion and gathering appropriate resource materials, but each child will have a unique concept and understanding. Fluid frequent transition between developmental and emotional levels is expected in the grieving child.<sup>7, 12, 18</sup>
- In addition to correlating developmental and emotional level with understanding, the practitioner must also know evidence-based bereavement processes and tasks that children undergo to complete the grief process. Current theory includes a 3-step process developmentally-dependent process that also includes stage appropriate tasks. The first step is that the child comprehends the finality of the sibling death and one should encourage transferring of the sibling bond from life with the sibling to the memory of the



loss sibling. Secondly, the child will mourn the loss and adjustment to a world without the sibling should be therapeutically fostered. Finally, the child will accept the death and return to a new state of “normal”; tasks in this stage include development of a different role within the family structure and the creation of new friendships and relationships. It is crucial to note that children may progress through these stages at different paces and that often, mourning the loss of a sibling can have lifelong implications. Do not expect grieving children to follow an expedited mourning timeframe; they can’t conform to society’s expectation of hasty mourning.<sup>7</sup>

- There are four fundamental concepts associated with death that must be mastered for grieving to be complete: universality, irreversibility, nonfunctionality, and causality. Children understand universality when they are able to comprehend that no living thing is immune to death and that all things can/will die. Irreversibility is achieved when the child can attain the difference between sleep and being dead and accept its permanence. Nonfunctionality can be a difficult concept to understand because of its abstract nature and its definitive ending of all body functions like eating, sleeping, etc. Finally, the child must master the concept of causality or what was the reason the sibling died or how it happened.<sup>7</sup>
- At the primary preventive level, there are five major supportive interventions that can be instituted according to D. Black. These include: bereavement preparation, providing parental/caregiver support during the grieving process, encouraging children to share their experiences while delivering explanations as needed, advocating for involvement in shared mourning experiences and establishing access to professional counseling help early in the bereavement.<sup>12</sup>

#### **Family & Patient Education:**

- Provide families with access to quality resources about grieving that are informational, relatable and based in current evidence-founded practices.<sup>7, 12, 18</sup>
- Encourage parents to provide open communication with their children about the impending/actual death including answering their questions as honestly and appropriately as possible as well as providing information about what to expect in the coming time.<sup>7, 12, 18</sup>
- Emphasize the implications that positive social support can have on the outcome of the child’s grieving process. The death of a sibling can have life-long impacts on the



survivor's adult education and socioeconomic status. Remind parents that providing a consistent environment and lots of love can help overcome some of these negative effects. In a study conducted in Sweden, children who did not report having adequate social support were almost four times as likely to develop chronic anxiety problems.<sup>18</sup>

- Remind parents that while children may appear “resilient” and able to cope with the negative effects of a traumatic loss, they still need to be therapeutically tended to and their grief addressed in developmentally appropriate methods.
- Granting the child permission to grieve, especially in front of immediate family members is a vital component of healthy grieving. Reiterate the importance of giving children this permission to parents and encourage them to engage their children in emotional and cognitive expression about their concerns and feelings about the death.<sup>7, 12, 18</sup>
- If deemed developmentally appropriate for the individual child, encourage the child to attend ritualistic services such as funerals, burials and memorial services. Not only does attendance help the child understand concepts related to death but it can help provide closure and initiate the transition process to a new life without the sibling. Also, at the service allowing the child to place a toy or other memento into the casket can help the transition process as well.<sup>7</sup>
- According to G. Davidson, there are five specific factors that can help establish a healthy environment for grieving and adaptation following the mourning process. These include: providing social support that is nurturing and caring, good nutritional intake, adequate fluid intake, participation of daily exercises, particularly ROM and establishing consistent periods of rest. Inform patients that these practices can be implemented at home to help aid in the grieving process.<sup>12</sup>
- If possible, encourage parents to notify other siblings of the impending death of a sibling so they can have time to process thoughts, feelings, and ask questions related to the death process or what the future may look like. They often feel like they are better able to prepare and cope with a death if notified earlier. Additionally, being able to say goodbye and participate in care in the sibling's final days can help create memories for the surviving sibling.<sup>7, 18</sup>
- In caring for infant survivors, educate parents that the child needs a consistent routine, familiar surroundings and a reinforced sense of security to cope effectively.<sup>7</sup>
- When providing suggestions for toddlers and preschool-aged children, remind parents that consistent routines encourage autonomy and to avoid the use of ambiguous phrases such as “Jesus needed brother” or “they are just peacefully sleeping” because this just



confuses the child even more and can lead to regression. Also, it is very important to answer all of their questions honestly and with as much information as is deemed appropriate; they need to feel like their questions are supported, not a nuisance or annoyance.<sup>7</sup>

- In the school-aged child, permission to grieve is exceptionally important as well as positive reinforcement of peer relationships that can help provide outside support. They will often feel guilty over the death, feeling like they caused the death somehow; it is crucial that parents reassure them that they did not cause their sibling's death. Children at this age will greatly benefit from attending funeral and memorial services as well as participating in peer-based support groups to help facilitate grief.<sup>7</sup>
- In addition to educating parents about appropriate responses to each developmental level, be sure to include expected behaviors and manifestations of grief including: physical manifestations, emotional expectations, social disturbances, and common behavioral responses. Children's anger in response to grief should never be associated with "bad" behavior because it associates punishment with the grieving process and can strengthen isolative or anxious behaviors.<sup>7, 12, 18</sup>
- Do not shield children from the pain and heartbreak of the grieving process, especially if the sibling's death was catastrophic because they are at a high risk for psychosocial and psychiatric disorders if they suppress feelings of pain.<sup>12</sup>
- Advocate for active listening practices among parents and promote inclusion of both verbal and nonverbal communication when attempting to understand the child's entire message.<sup>12</sup>

### **Social Support:**

- While conducting interviews and talking to the child, assess for any significant indications of dysfunctional grieving or psychological disturbances. If appropriate support is not being administered, a grieving sibling is at risk for depression, anxiety, PTSD and other significant psychological/behavioral issues.<sup>7</sup>
- If working with the family of a terminally ill child, inquire about the presence of other siblings in the home when a child is initially diagnosed with cancer so that they can be included in the disease process and considered from the beginning.<sup>18</sup>

- Create a supportive trusting environment where the grieving child feels comfortable and can express both good and bad memories of the deceased sibling without feeling judged for their reactions.<sup>7</sup>
- Consider the entire family when planning and implementing grief assistance. Many youth expressed desires to be included in pertinent discussions about the care of terminally ill siblings, believing that helps them cope with the death.<sup>18</sup>

### **Therapeutic Intermediation:**

- According to M. Riely, there are several therapeutic interventions that a health practitioner can implement to encourage appropriate mourning. They include: normative information, narrative story writing, question answering, play, art therapy, reminiscence, bibliotherapy, memory books, music therapy, journal writing and letter writing. The nurse can not only administer some of these interventions on a mild level but also encourage parents to implement them at home. Interdisciplinary collaboration with professionally qualified grief counselors may also be necessary.<sup>12</sup>
- Normative Information – Assists children with accepting the fact that their feelings in grief are “normal” and aids in understanding concepts related to death. Language is an important component of this intervention; use appropriate terms to describe death and avoid vague phraseology like “passed on” and “lost”.<sup>12</sup>
- Narrative Story Telling – Encourages the child to recall the story of the sibling’s death and their associated feelings in their own words. This can help the child move forward as well as establish clarity between accurate facts and information that they imagined while grieving.<sup>12</sup>
- Answering Questions – Provide children with accurate information about the death process and the permanence of death. Answering their questions helps them validate their feelings and also reduces fear about death concepts.<sup>12</sup>
- Play – An effective mode of self-expression, play can help children explore feelings that they may be unable to communicate verbally. Play can help them define the death in relationship to their own lives.<sup>12</sup>
- Art Therapy – Art allows for expressive creativity while also being a source of controlled destruction and release of frustrated feelings. Encourage children to draw out their feelings and assess artistic pieces for any significant indications of psychosocial dysfunction.<sup>12</sup>
- Reminiscence – Reflecting on important dates including holidays and birthdays is part of the grieving process. Remind children that it is okay to remember their sibling on these days (and all



other days too!) and that they may experience feelings of sadness or loneliness on these particular days even if they feel okay most of the rest of the time. Also, allow children the freedom to express both positive and negative memories about their siblings because both contribute to therapeutic processing.<sup>12</sup>

- **Bibliotherapy** – If using literature to help encourage coping, select books that are individually appropriate to each child and meet their unique needs. Utilization of reading and books can help the child identify with others and normalize the grieving process.<sup>12</sup>
- **Memory Books** – Provide a tangible connection between the surviving sibling and the deceased. They enable the child to collect memories and physical mementos of their beloved sibling which can help alleviate fears of forgetting them.<sup>12</sup>
- **Music Therapy** – In addition to reducing stress and providing peaceful sensations, implementation of music therapy can have physiological effects as well including a decrease in blood pressure, muscle tension, respiratory rate and heart rate. It can help in providing relaxation and may be used in cases of insomnia or night terrors at home.<sup>12</sup>
- **Journal Writing** – Utilization of unstructured responses can help a child self-reflect about the experiences they have on their grief journey as well as identify positive effective coping mechanisms and negative coping skills. A journal can help provide a record of their grief journey, allowing for life-long reflection and connection with progress.<sup>12</sup>
- **Letter Writing** – A positive intervention, letter writing should be encouraged only in children who are able to comprehend the permanence and irreversibility of death. If younger children write a letter to a deceased sibling, they may become agitated or stressed that they have not received a response. Unlike journals, letters can be a temporary source of emotional release and can be destroyed by various methods including burial, tearing, or burning. This transient action is good for impulsive emotions and words that the survivor may have not had the opportunity to express to the deceased.<sup>12</sup>

Overall, the role of the registered nurse and the family health care practitioner is an on-going and interdisciplinary process that involves the entire family as well as the surviving sibling(s). While each case is unique and necessitates individual planning, the aforementioned intervention guidelines can serve as a basis for foundation preparation and approach to the grieving process.

**Conclusion:**

Overall, analysis of the literature and definition of the healthcare provider's role in facilitating grief identifies a significant need for quality literature that is developmentally and cognitively appropriate as well as culturally relatable for the 21<sup>st</sup> century surviving sibling. Advocating for this literature by healthcare professionals is imperative and will help support positive grief facilitation both for the child and within the family unit. Above all, knowledge is power and once weaponized with this, the fate of future surviving siblings lays upon our hands.



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